


# **ATTACHMENT HH**

 Myex. com Sign in

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About 66,300,000 results (1.01 seconds)

### MyEx.com! Naked Pics of Your Ex

[www.myex.com/](http://www.myex.com/) ▼

Get the dirt before you get hurt or submit your ex gf and bf!

#### Just Girls

Submit your ex   Sex Tapes   Just Girls   Just Guys   Get Laid   Live ...

#### Submit your ex

Add Your Ex: Drag and drop Photos and/or Videos, you can ..

#### Sex Tapes

Submit your ex   Sex Tapes   Just Girls   Just Guys   Get Laid   Live ...

#### Just Guys

Rick Hefner is just a jerk. Sorry not sorry but you're a total ass. 1 ...

[More results from myex.com »](#)

### MyEx.com - Wikipedia

<https://en.wikipedia.org/wiki/MyEx.com> ▼

**MyEx.com** is a controversial, free revenge porn website focusing on nude photographs of people posted by former lovers along with their real names.

### MyEx - Myex.com - Amateur Porn Site - The Porn Dude

<https://theporndude.com> › [Amateur Porn Sites](#) ▼

Amateur Porn Sites. ... **My Ex** is a revenge porn site where you can submit your ex or view other people's and although ThePornDude isn't sure if it's completely user submitted, it's quite fun looking through all of the shamed exes! ... Amateur Porn Sites Like **MyEx**.

### MyEx.com Post Removal | Reputation Stars

[reputationstars.com/what-we-do/reputation-repair/myex-com-post-removal/](http://reputationstars.com/what-we-do/reputation-repair/myex-com-post-removal/) ▼

About MyEx.com: **MyEx.com** is a site that allows anyone to post pictures and information about their past girlfriends or boyfriends. This is better known as.

### MYEX, MY HEX: A TRIP INTO THE CAULDRON OF REVENGE PORN ...

[www.cagoldberglaw.com/myex-my-hex-a-trip-into-the-cauldron-of-revenge-porn/](http://www.cagoldberglaw.com/myex-my-hex-a-trip-into-the-cauldron-of-revenge-porn/) ▼

Mar 13, 2014 - The website is **myex.com**. I was really torn about whether to write that since the last thing I want to do is promote it or draw others to Betty's body ...

### REPORT MY EX – Get Revenge! Post or find a cheater in your area.

[www.reportmyex.com/](http://www.reportmyex.com/) ▼

7 hours ago - ReportMyEx.com exposes cheaters, players and unreliable people to warn their current partners about the person they are dating.

### Revenge Porn Site MyEx.com Sued For Copyright Infringement ...

[adamsteinbaugh.com/.../revenge-porn-site-myex-com-sued-for-copyright-infringeme...](http://adamsteinbaugh.com/.../revenge-porn-site-myex-com-sued-for-copyright-infringeme...) ▼

Mar 7, 2014 - Revenge porn site **MyEx.com**, along with Google and Yahoo!, has been ... **MyEx.com** is one of few remaining websites dedicated to so-called ...

### MyEx.com Lawsuit: Suing the non-existent owner of a revenge porn

<https://www.internetreputation.com/.../myex-com-lawsuit-suing-the-non-existent-own...> ▼

Jul 9, 2014 - **MyEx.com** with their co-accused Google and Yahoo have been sued because a recent complaint by a woman claiming that the site did not ...

1 2 3 4 5 6 7 8 9 10

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# **ATTACHMENT II**

## STATE OF NEVADA

**BARBARA K. CEGAVSKE***Secretary of State***KIMBERLEY PERONDI***Deputy Secretary  
for Commercial Recordings*OFFICE OF THE  
SECRETARY OF STATE**Commercial Recordings Division**

202 N. Carson Street  
 Carson City, NV 89701-4201  
 Telephone (775) 684-5708  
 Fax (775) 684-7138

KEVIN HAVENS

**Job: C20161206-0823**

December 7, 2016

NV

**Special Handling Instructions:**

KHAVENS@FTC.GOV

CMR 12-7-16

ALL DOCS

1206-0823

**Charges**

| Description   | Document Number | Filing Date/Time | Qty | Price  | Amount  |
|---------------|-----------------|------------------|-----|--------|---------|
| Entity Copies | 00010486319-42  |                  | 19  | \$2.00 | \$38.00 |
| Total         |                 |                  |     |        | \$38.00 |

**Payments**

| Type   | Description                   | Amount  |
|--------|-------------------------------|---------|
| Credit | Redacted Personal Information | \$38.00 |
| Total  |                               | \$38.00 |

**Credit Balance: \$0.00****Job Contents:**

NV Corp Copy Request Cover Letter(s): 1

KEVIN HAVENS

NV

STATE OF NEVADA

**BARBARA K. CEGAVSKE***Secretary of State***KIMBERLEY PERONDI***Deputy Secretary  
for Commercial Recordings***OFFICE OF THE  
SECRETARY OF STATE****Commercial Recordings Division***202 N. Carson Street  
Carson City, NV 89701-4201  
Telephone (775) 684-5708  
Fax (775) 684-7138***Copy Request**

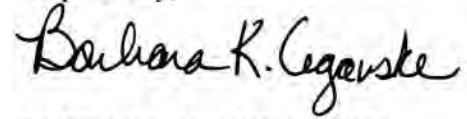
December 7, 2016

**Job Number:** C20161206-0823**Reference Number:** 00010486319-42**Expedite:****Through Date:**

| <b>Document Number(s)</b> | <b>Description</b>           | <b>Number of Pages</b> |
|---------------------------|------------------------------|------------------------|
| 00001986416-15            | Articles of Incorporation    | 1 Pages/1 Copies       |
| 20080583782-73            | Initial List                 | 1 Pages/1 Copies       |
| 20080630394-85            | Amended List                 | 1 Pages/1 Copies       |
| 20090725789-89            | Annual List                  | 1 Pages/1 Copies       |
| 20100302180-07            | Amended List                 | 1 Pages/1 Copies       |
| 20100503747-19            | Annual List                  | 1 Pages/1 Copies       |
| 20100876718-50            | Registered Agent Change      | 1 Pages/1 Copies       |
| 20120086774-27            | Annual List                  | 1 Pages/1 Copies       |
| 20120743740-60            | Annual List                  | 1 Pages/1 Copies       |
| 20130218930-59            | Amended List                 | 1 Pages/1 Copies       |
| 20130575732-15            | Annual List                  | 1 Pages/1 Copies       |
| 20140083318-80            | Amended List                 | 1 Pages/1 Copies       |
| 20140261079-62            | Amended List                 | 1 Pages/1 Copies       |
| 20140264663-04            | Amended List                 | 1 Pages/1 Copies       |
| 20140498244-88            | Registered Agent Resignation | 1 Pages/1 Copies       |
| 20150372153-49            | Annual List                  | 1 Pages/1 Copies       |
| 20150372154-50            | Annual List                  | 1 Pages/1 Copies       |
| 20150372155-61            | Registered Agent Change      | 1 Pages/1 Copies       |
| 20160317379-29            | Certificate of Dissolution   | 1 Pages/1 Copies       |

**Commercial Recording Division***202 N. Carson Street  
Carson City, Nevada 89701-4201  
Telephone (775) 684-5708  
Fax (775) 684-7138*

Respectfully,

A handwritten signature in black ink, reading "Barbara K. Cegavske". The signature is written in a cursive style with a large, stylized 'B' and 'C'.

BARBARA K. CEGAVSKE  
Secretary of State





ROSS MILLER  
Secretary of State  
206 North Carson Street  
Carson City, Nevada 89701-4299  
(775) 684 5708  
Website: www.nvsos.gov

## Articles of Incorporation

(PURSUANT TO NRS CHAPTER 78)

|   |   |
|---|---|
| Filed in the office of<br><br>Ross Miller<br>Secretary of State<br>State of Nevada | Document Number<br><b>00001986416-15</b><br>Filing Date and Time<br><b>08/21/2008 1:26 PM</b><br>Entity Number<br><b>Redacted</b> |
|---|---|

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

|   |  |                             |  |
|---|--|-----------------------------|--|
| <b>1. Name of Corporation:</b>  | EMP Media, Inc   |                             |  |
| <b>2. Registered Agent for Service of Process:</b> (check only one box)   | <input type="checkbox"/> Commercial Registered Agent: _____<br><input type="checkbox"/> Noncommercial Registered Agent (name and address below) <b>OR</b> <input checked="" type="checkbox"/> Office or Position with Entity (name and address below)<br>Neil Infante President<br>Name of Noncommercial Registered Agent <b>OR</b> Name of Title of Office or Other Position with Entity<br>6130 Flamingo Road Las Vegas Nevada 89103<br>Street Address City Zip Code<br>_____ Nevada _____<br>Mailing Address (if different from street address) City Zip Code |                             |  |
| <b>3. Authorized Stock:</b> (number of shares corporation is authorized to issue)   | Number of shares with par value: 35,000  | Par value per share: \$ .10 | Number of shares without par value: 35,000 |
| <b>4. Names and Addresses of the Board of Directors/Trustees:</b> (each Director/Trustee must be a natural person at least 18 years of age; attach additional page if more than two directors/trustees) | 1) Neil Infante<br>Name<br>6130 Flamingo Road Las Vegas NV 89103<br>Street Address City State Zip Code<br>2) _____<br>Name<br>_____<br>Street Address City State Zip Code  |                             |  |
| <b>5. Purpose:</b> (optional; see instructions)   | The purpose of the corporation shall be: _____   |                             |  |
| <b>6. Name, Address and Signature of Incorporator:</b> (attach additional page if more than one incorporator)   | Neil Infante X Neil Infante<br>Name Incorporator Signature<br>6130 Flamingo Road Las Vegas NV 89103<br>Address City State Zip Code   |                             |  |
| <b>7. Certificate of Acceptance of Appointment of Registered Agent:</b>   | I hereby accept appointment as Registered Agent for the above named Entity.<br>X Neil Infante 8-21-08<br>Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date   |                             |  |

This form must be accompanied by appropriate fees.

Nevada Secretary of State NRS 78 Articles  
Revised on 7-1-08



**(PROFIT) INITIAL LIST OF OFFICERS, DIRECTORS AND REGISTERED AGENT OF**

FILE NUMBER

EMP MEDIA, INC

Redacted

(Name of Corporation)

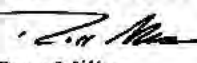
FOR THE FILING PERIOD OF 8/2008

TO 8/2009

The corporation's duly appointed registered agent in the State of Nevada upon whom process can be served is:

EMP MEDIA, INC C/O NEIL INFANTE, PRESIDENT  
6130 FLAMINGO ROAD  
LAS VEGAS, NV 89103 USA

Filed in the office of

  
Ross Miller  
Secretary of State  
State of Nevada

Document Number

20080583782-73

Filing Date and Time

09/02/2008 10:30 AM

Entity Number

Redacted

☐ CHECK BOX IF YOU REQUIRE A FORM TO UPDATE YOUR REGISTERED AGENT INFORMATION

(This document was filed electronically.)

THE ABOVE SPACE IS FOR OFFICE USE ONLY

Important: Read instructions before completing and returning this form.

1. Print or type names and addresses either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors must be named. Have an officer sign the form **FORM WILL BE RETURNED IF UNSIGNED**.
2. If there are additional directors attach a list of them to this form.
3. Return the completed form with the \$125.00 filing fee. A \$75.00 penalty must be added for failure to file this form by the last day of first month following the incorporation/initial registration with this office.
4. Make your check payable to the Secretary of State. Your cancelled check will constitute a certificate to transact business per NRS 78.155. To receive a certified copy, enclose an additional \$30.00 and appropriate instructions.
5. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, NV 89701 4201, (775) 884-5708.
6. Form must be in the possession of the Secretary of State on or before the last day of the first month following the incorporation/initial registration date. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties.

FILING FEE \$125.00 LATE PENALTY \$75.00

**CHECK ONLY IF APPLICABLE**

- ☐ This corporation is a publicly traded corporation. The Central Index Key number is:
- ☐ This publicly traded corporation is not required to have a Central Index Key number.

|  |  |
|--|--|
| NAME<br>NEIL INFANTE                     | TITLE(S)<br>PRESIDENT (OR EQUIVALENT OF) |
| ADDRESS<br>Redacted Personal Information | CITY<br>LAS VEGAS                        |
|  | ST<br>NV                                 |
|  | ZIP<br>Redacted                          |

|  |  |
|--|--|
| NAME<br>NEIL INFANTE                     | TITLE(S)<br>SECRETARY (OR EQUIVALENT OF) |
| ADDRESS<br>Redacted Personal Information | CITY<br>LAS VEGAS                        |
|  | ST<br>NV                                 |
|  | ZIP<br>Redacted                          |

|  |  |
|--|--|
| NAME<br>NEIL INFANTE                     | TITLE(S)<br>TREASURER (OR EQUIVALENT OF) |
| ADDRESS<br>Redacted Personal Information | CITY<br>LAS VEGAS                        |
|  | ST<br>NV                                 |
|  | ZIP<br>Redacted                          |

|  |                      |
|--|----------------------|
| NAME<br>NEIL INFANTE                     | TITLE(S)<br>DIRECTOR |
| ADDRESS<br>Redacted Personal Information | CITY<br>LAS VEGAS    |
|  | ST<br>NV             |
|  | ZIP<br>Redacted      |

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of NRS 360.780 and acknowledge that pursuant to NRS 239.380 it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X Signature of Officer NEIL INFANTE

Title PRESIDENT

Date 9/2/2008 10:45:06 AM







Case 2:18-cv-00825-APG-NJK Document 38-17 Filed 06/14/18 Page 10 of 58  
(PROFIT) ANNUAL LIST OF OFFICERS, DIRECTORS AND REGISTERED AGENT AND  
STATE BUSINESS LICENSE APPLICATION OF:

EMP MEDIA, INC

FILE NUMBER

Redacted

NAME OF CORPORATION

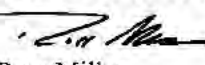
FOR THE FILING PERIOD OF 8/2009 TO 8/2010

**\*\*YOU MAY FILE THIS FORM ONLINE AT [www.nvsos.gov](http://www.nvsos.gov)\*\***

The entity's duly appointed registered agent in the State of Nevada upon whom process can be served is:

EMP MEDIA, INC C/O NEIL INFANTE, PRESIDENT  
6130 FLAMINGO ROAD  
LAS VEGAS, NV 89103 USA

A FORM TO CHANGE REGISTERED AGENT INFORMATION IS FOUND AT: [www.nvsos.gov](http://www.nvsos.gov)

|   |                      |
|---|----------------------|
| Filed in the office of<br><br>Ross Miller<br>Secretary of State<br>State of Nevada | Document Number      |
|   | 20090725789-89       |
|   | Filing Date and Time |
|   | 10/05/2009 2:38 PM   |
|   | Entity Number        |
|   | Redacted             |

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☐ Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

**IMPORTANT:** Read instructions before completing and returning this form

- Print or type names and addresses, either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors must be named. There must be at least one director. An **Officer** must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
- If there are additional officers, attach a list of them to this form.
- Return the complete form with the filing fee. Annual list fee is based upon the current total authorized stock as explained in the Annual List Fee Schedule For Profit Corporations. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
- State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
- Make your check payable to the Secretary of State.
- Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
- Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708
- Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

**CHECK ONLY IF APPLICABLE**

- ☐ Pursuant to NRS, this corporation is exempt from the business license fee. Exemption code:
- ☐ Month and year your State Business License expires:  20
- ☐ This corporation is a publicly traded corporation. The Central Index Key number is:
- ☐ This publicly traded corporation is not required to have a Central Index Key number.

**Section 7(2) Exemption Codes**

- 001 - Governmental Entity  
002 - 501(c) Nonprofit Entity  
003 - Home-based Business  
004 - Natural Person with 4 or less rental dwelling units  
005 - Motion Picture Company

|  |  |
|--|--|
| NAME<br>BURAK BASKAN                     | TITLE(S)<br>PRESIDENT (OR EQUIVALENT OF) |
| ADDRESS<br>Redacted Personal Information | CITY<br>LAS VEGAS                        |
|  | STATE<br>NV                              |
|  | ZIP CODE<br>Redacted                     |
| NAME<br>NEIL INFANTE                     | TITLE(S)<br>SECRETARY (OR EQUIVALENT OF) |
| ADDRESS<br>Redacted Personal Information | CITY<br>LAS VEGAS                        |
|  | STATE<br>NV                              |
|  | ZIP CODE<br>Redacted                     |
| NAME<br>NEIL INFANTE                     | TITLE(S)<br>TREASURER (OR EQUIVALENT OF) |
| ADDRESS<br>Redacted Personal Information | CITY<br>LAS VEGAS                        |
|  | STATE<br>NV                              |
|  | ZIP CODE<br>Redacted                     |
| NAME<br>NEIL INFANTE                     | TITLE(S)<br>DIRECTOR                     |
| ADDRESS<br>Redacted Personal Information | CITY<br>LAS VEGAS                        |
|  | STATE<br>NV                              |
|  | ZIP CODE<br>Redacted                     |

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of sections 6 to 18 of AB 146 of the 2009 session of the Nevada Legislature and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

BURAK BASKAN

X

Signature of Officer

Title

PRESIDENT

Date

10/5/2009 2:36:01 PM

Nevada Secretary of State Annual List Profit  
Revised: 8-5-09



Case 2:18-cv-00825-APG-NJK Document 38-17 Filed 06/14/18 Page 11 of 58

**(PROFIT) ANNUAL LIST OF OFFICERS, DIRECTORS AND REGISTERED AGENT AND  
STATE BUSINESS LICENSE APPLICATION OF:**

FILE NUMBER

EMP MEDIA, INC

Redacted

NAME OF CORPORATION

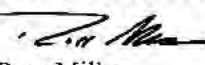
FOR THE FILING PERIOD OF 8/2009 TO 8/2010

**\*\*YOU MAY FILE THIS FORM ONLINE AT [www.nvsos.gov](http://www.nvsos.gov)\*\***

The entity's duly appointed registered agent in the State of Nevada upon whom process can be served is:

EMP MEDIA, INC C/O NEIL INFANTE, PRESIDENT  
6130 FLAMINGO ROAD  
LAS VEGAS, NV 89103 USA

A FORM TO CHANGE REGISTERED AGENT INFORMATION IS FOUND AT: [www.nvsos.gov](http://www.nvsos.gov)

|   |   |
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| Filed in the office of<br><br>Ross Miller<br>Secretary of State<br>State of Nevada | Document Number<br><b>20100302180-07</b>          |
|   | Filing Date and Time<br><b>05/03/2010 4:42 PM</b> |
|   | Entity Number<br>Redacted                         |
|   | Redacted  |

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- ☐ This publicly traded corporation is not required to have a Central Index Key number.

**Section 7(2) Exemption Codes**

- 001 - Governmental Entity  
002 - 501(c) Nonprofit Entity  
003 - Home-based Business  
004 - Natural Person with 4 or less rental dwelling units  
005 - Motion Picture Company  
006 - NRS 680B.020 Insurance Co.

|  |  |
|--|--|
| NAME<br>BURAK BASKAN                     | TITLE(S)<br>PRESIDENT (OR EQUIVALENT OF) |
| ADDRESS<br>Redacted Personal Information | CITY<br>LAS VEGAS                        |
|  | STATE<br>NV                              |
|  | ZIP CODE<br>Redacted                     |
| NAME<br>NEIL INFANTE                     | TITLE(S)<br>SECRETARY (OR EQUIVALENT OF) |
| ADDRESS<br>Redacted Personal Information | CITY<br>LAS VEGAS                        |
|  | STATE<br>NV                              |
|  | ZIP CODE<br>Redacted                     |
| NAME<br>SHAD APPLIGATE                   | TITLE(S)<br>TREASURER (OR EQUIVALENT OF) |
| ADDRESS<br>6130 FLAMINGO RD , USA        | CITY<br>LAS VEGAS                        |
|  | STATE<br>NV                              |
|  | ZIP CODE<br>89103                        |
| NAME<br>NEIL INFANTE                     | TITLE(S)<br>DIRECTOR                     |
| ADDRESS<br>Redacted Personal Information | CITY<br>LAS VEGAS                        |
|  | STATE<br>NV                              |
|  | ZIP CODE<br>Redacted                     |

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of sections 6 to 18 of AB 146 of the 2009 session of the Nevada Legislature and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

BURAK BASKAN

**X**  
**Signature of Officer**

Title  
PRESIDENT

Date  
5/3/2010 4:41:04 PM

Nevada Secretary of State Annual List Profit  
Revised: 8-5-09



Case 2:18-cv-00825-APG-NJK Document 38-17 Filed 06/14/18 Page 12 of 58

**(PROFIT) ANNUAL LIST OF OFFICERS, DIRECTORS AND REGISTERED AGENT AND  
STATE BUSINESS LICENSE APPLICATION OF:**

FILE NUMBER

EMP MEDIA, INC

Redacted

NAME OF CORPORATION

FOR THE FILING PERIOD OF 8/2010 TO 8/2011

**\*\*YOU MAY FILE THIS FORM ONLINE AT [www.nvsos.gov](http://www.nvsos.gov)\*\***

The entity's duly appointed registered agent in the State of Nevada upon whom process can be served is:

EMP MEDIA, INC C/O NEIL INFANTE, PRESIDENT  
6130 FLAMINGO ROAD  
LAS VEGAS, NV 89103 USA



\*110101\*

|  |   |
|--|---|
| Filed in the office of<br><br>Ross Miller<br>Secretary of State<br>State of Nevada | Document Number<br><b>20100503747-19</b>          |
|  | Filing Date and Time<br><b>07/08/2010 3:35 PM</b> |
|  | Entity Number<br>Redacted                         |
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A FORM TO CHANGE REGISTERED AGENT INFORMATION IS FOUND AT: [www.nvsos.gov](http://www.nvsos.gov)

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- Make your check payable to the Secretary of State.
- Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
- Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708
- Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

**CHECK ONLY IF APPLICABLE**

- ☐ Pursuant to NRS, this corporation is exempt from the business license fee. Exemption code: \_\_\_\_\_
- ☐ Month and year your State Business License expires: \_\_\_\_\_ 20\_\_\_\_
- ☐ This corporation is a publicly traded corporation. The Central Index Key number is: \_\_\_\_\_
- ☐ This publicly traded corporation is not required to have a Central Index Key number.

**Section 7(2) Exemption Codes**

- 001 - Governmental Entity  
002 - 501(c) Nonprofit Entity  
003 - Home-based Business  
004 - Natural Person with 4 or less rental dwelling units  
005 - Motion Picture Company  
006 - NRS 680B.020 Insurance Co.

|  |  |
|--|--|
| NAME<br>BURAK BASKAN                     | TITLE(S)<br>PRESIDENT (OR EQUIVALENT OF) |
| ADDRESS<br>Redacted Personal Information | CITY<br>LAS VEGAS                        |
|  | STATE<br>NV                              |
|  | ZIP CODE<br>Redacted                     |
| NAME<br>NEIL INFANTE                     | TITLE(S)<br>SECRETARY (OR EQUIVALENT OF) |
| ADDRESS<br>Redacted Personal Information | CITY<br>LAS VEGAS                        |
|  | STATE<br>NV                              |
|  | ZIP CODE<br>Redacted                     |
| NAME<br>SHAD APPLIGATE                   | TITLE(S)<br>TREASURER (OR EQUIVALENT OF) |
| ADDRESS<br>6130 FLAMINGO RD , USA        | CITY<br>LAS VEGAS                        |
|  | STATE<br>NV                              |
|  | ZIP CODE<br>89103                        |
| NAME<br>NEIL INFANTE                     | TITLE(S)<br>DIRECTOR                     |
| ADDRESS<br>Redacted Personal Information | CITY<br>LAS VEGAS                        |
|  | STATE<br>NV                              |
|  | ZIP CODE<br>Redacted                     |

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of sections 6 to 18 of AB 146 of the 2009 session of the Nevada Legislature and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

BURAK BASKAN

X

Signature of Officer

Title

PRESIDENT

Date

7/8/2010 3:28:47 PM

Nevada Secretary of State Annual List Profit  
Revised: 8-5-09





ROSS MILLER  
Secretary of State  
202 North Carson Street  
Carson City, Nevada 89701-4201  
(775) 684-5708  
Website: [www.nvsos.gov](http://www.nvsos.gov)



\*181002\*

## Statement of Change of Registered Agent by Represented Entity

(PURSUANT TO NRS 77.340)

This form may be submitted by: the Represented Entity to appoint a new Registered Agent or amend own service of process info. For more information please visit <http://www.nvsos.gov/index.aspx?page=141>

USE BLACK INK ONLY - DO NOT HIGHLIGHT

|  |   |
|--|---|
| Filed in the office of<br><br>Ross Miller<br>Secretary of State<br>State of Nevada | Document Number<br><b>20100876718-50</b><br>Filing Date and Time<br><b>11/22/2010 4:03 PM</b><br>Entity Number<br><b>Redacted</b> |
|--|---|

ABOVE SPACE IS FOR OFFICE USE ONLY

## 1. Name of Represented Entity:

EMP MEDIA, INC

## 2. Entity File Number:

Redacted

## 3. This statement of change will have the following effect: (check only one)

- ☒ Appoints a new agent for service of process (complete 4a or 4b)  
☐ Updates contact information of the Represented Entity acting as own agent (complete 4c)

## 4. Information in effect upon the filing of this statement: (complete only one section)

## a) Commercial Registered Agent:

Name

## b) Noncommercial Registered Agent:

KEITH E. GREGORY &amp; ASSOCIATES

Name

Redacted Personal Information

LAS VEGAS

Nevada

Redacted

Street Address

City

Zip Code

Mailing Address (if different from street address)

City

Nevada

Zip Code

## c) Title of Office or Other Position within Represented Entity:

Name of Title or Position

Street Address

City

Nevada

Zip Code

Mailing Address (if different from street address)

City

Nevada

Zip Code

## 5. Signature of Represented Entity: (required)

X

Authorized Signature

Date

11/22/10

## 6. Registered Agent Acceptance: (required)

I hereby accept appointment as Registered Agent for the above named Entity.

X

Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity

Date

11/22/10

FEE: \$60.00

This form must be accompanied by appropriate fees.

Nevada Secretary of State Form RA Change by Entity  
Effective 5-13-10



Case 2:18-cv-00825-APG-NJK Document 38-17 Filed 06/14/18 Page 14 of 58

**(PROFIT) ANNUAL LIST OF OFFICERS, DIRECTORS AND REGISTERED AGENT AND  
STATE BUSINESS LICENSE APPLICATION OF:**

FILE NUMBER

EMP MEDIA, INC

Redacted

NAME OF CORPORATION

FOR THE FILING PERIOD OF 8/2011 TO 8/2012

**\*\*YOU MAY FILE THIS FORM ONLINE AT [www.nvsos.gov](http://www.nvsos.gov)\*\***

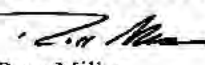
The entity's duly appointed registered agent in the State of Nevada upon whom process can be served is:

KEITH GREGORY & ASSOCIATES

Redacted Personal Information

LAS VEGAS, NV

A FORM TO CHANGE REGISTERED AGENT INFORMATION IS FOUND AT: [www.nvsos.gov](http://www.nvsos.gov)

|   |   |
|---|---|
| Filed in the office of<br><br>Ross Miller<br>Secretary of State<br>State of Nevada | Document Number<br><b>20120086774-27</b><br>Filing Date and Time<br><b>02/06/2012 12:43 PM</b><br>Entity Number<br>Redacted |
|---|---|

(This document was filed electronically.)  
ABOVE SPACE IS FOR OFFICE USE ONLY

USE BLACK INK ONLY - DO NOT HIGHLIGHT

☐ Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

**IMPORTANT:** Read instructions before completing and returning this form

- Print or type names and addresses, either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors must be named. There must be at least one director. An **Officer** must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
- If there are additional officers, attach a list of them to this form.
- Return the complete form with the filing fee. Annual list fee is based upon the current total authorized stock as explained in the Annual List Fee Schedule For Profit Corporations. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
- State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
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**CHECK ONLY IF APPLICABLE**

- ☐ Pursuant to NRS, this corporation is exempt from the business license fee. Exemption code:
- ☐ Month and year your State Business License expires:  20
- ☐ This corporation is a publicly traded corporation. The Central Index Key number is:
- ☐ This publicly traded corporation is not required to have a Central Index Key number.

**Section 7(2) Exemption Codes**

- 001 - Governmental Entity  
002 - 501(c) Nonprofit Entity  
003 - Home-based Business  
004 - Natural Person with 4 or less rental dwelling units  
005 - Motion Picture Company  
006 - NRS 680B.020 Insurance Co.

|  |  |
|--|--|
| NAME<br>BURAK BASKAN                     | TITLE(S)<br>PRESIDENT (OR EQUIVALENT OF) |
| ADDRESS<br>Redacted Personal Information | CITY<br>LAS VEGAS                        |
|  | STATE<br>NV                              |
|  | ZIP CODE<br>Redacted                     |
| NAME<br>NEIL INFANTE                     | TITLE(S)<br>SECRETARY (OR EQUIVALENT OF) |
| ADDRESS<br>Redacted Personal Information | CITY<br>LAS VEGAS                        |
|  | STATE<br>NV                              |
|  | ZIP CODE<br>Redacted                     |
| NAME<br>SHAD APPLIGATE                   | TITLE(S)<br>TREASURER (OR EQUIVALENT OF) |
| ADDRESS<br>6130 FLAMKINGO RD , USA       | CITY<br>LAS VEGAS                        |
|  | STATE<br>NV                              |
|  | ZIP CODE<br>89103                        |
| NAME<br>NEIL INFANTE                     | TITLE(S)<br>DIRECTOR                     |
| ADDRESS<br>Redacted Personal Information | CITY<br>LAS VEGAS                        |
|  | STATE<br>NV                              |
|  | ZIP CODE<br>Redacted                     |

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of sections 6 to 18 of AB 146 of the 2009 session of the Nevada Legislature and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

SHAD APPLIGATE

X

Signature of Officer

Title  
TREASURER

Date  
2/6/2012 12:40:53 PM

Nevada Secretary of State Annual List Profit  
Revised: 8-5-09



Case 2:18-cv-00825-APG-NJK Document 38-17 Filed 06/14/18 Page 15 of 58

(PROFIT) ANNUAL LIST OF OFFICERS, DIRECTORS AND REGISTERED AGENT AND  
STATE BUSINESS LICENSE APPLICATION OF:

FILE NUMBER

EMP MEDIA, INC

Redacted

NAME OF CORPORATION

FOR THE FILING PERIOD OF 8/2012 TO 8/2013

**\*\*YOU MAY FILE THIS FORM ONLINE AT [www.nvsos.gov](http://www.nvsos.gov)\*\***

The entity's duly appointed registered agent in the State of Nevada upon whom process can be served is:

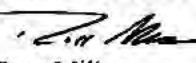
KEITH GREGORY & ASSOCIATES

Redacted Personal Information

LAS VEGAS, NV

A FORM TO CHANGE REGISTERED AGENT INFORMATION IS FOUND AT: [www.nvsos.gov](http://www.nvsos.gov)

Filed in the office of

  
Ross Miller  
Secretary of State  
State of Nevada

Document Number

20120743740-60

Filing Date and Time

10/31/2012 1:00 PM

Entity Number

Redacted

(This document was filed electronically.)  
ABOVE SPACE IS FOR OFFICE USE ONLY

USE BLACK INK ONLY - DO NOT HIGHLIGHT

☐ Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

**IMPORTANT:** Read instructions before completing and returning this form

- Print or type names and addresses, either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors must be named. There must be at least one director. An **Officer** must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
- If there are additional officers, attach a list of them to this form.
- Return the complete form with the filing fee. Annual list fee is based upon the current total authorized stock as explained in the Annual List Fee Schedule For Profit Corporations. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
- State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
- Make your check payable to the Secretary of State.
- Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
- Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708
- Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

**CHECK ONLY IF APPLICABLE**

- ☐ Pursuant to NRS, this corporation is exempt from the business license fee. Exemption code: \_\_\_\_\_
- ☐ Month and year your State Business License expires: \_\_\_\_\_ 20 \_\_\_\_\_
- ☐ This corporation is a publicly traded corporation. The Central Index Key number is: \_\_\_\_\_
- ☐ This publicly traded corporation is not required to have a Central Index Key number.

**Section 7(2) Exemption Codes**

- 001 - Governmental Entity  
002 - 501(c) Nonprofit Entity  
003 - Home-based Business  
004 - Natural Person with 4 or less rental dwelling units  
005 - Motion Picture Company  
006 - NRS 680B.020 Insurance Co.

NAME  
SHAD APPEGATE

TITLE(S)  
PRESIDENT (OR EQUIVALENT OF)

ADDRESS  
6130 FLAMINGO RD , USA

CITY STATE ZIP CODE  
LAS VEGAS NV 89103

NAME  
SHAD APPEGATE

TITLE(S)  
SECRETARY (OR EQUIVALENT OF)

ADDRESS  
6130 FLAMINGO RD , USA

CITY STATE ZIP CODE  
LAS VEGAS NV 89103

NAME  
SHAD APPEGATE

TITLE(S)  
TREASURER (OR EQUIVALENT OF)

ADDRESS  
6130 FLAMKINGO RD , USA

CITY STATE ZIP CODE  
LAS VEGAS NV 89103

NAME  
SHAD APPEGATE

TITLE(S)  
DIRECTOR

ADDRESS  
6130 FLAMINGO RD , USA

CITY STATE ZIP CODE  
LAS VEGAS NV 89103

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of sections 6 to 18 of AB 146 of the 2009 session of the Nevada Legislature and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

SHAD APPEGATE

X

Signature of Officer

Title

PRESIDENT

Date

10/31/2012 12:58:36 PM

Nevada Secretary of State Annual List Profit  
Revised: 8-5-09



Case 2:13-cv-00825-APG-NJK Document 38-17 Filed 06/14/18 Page 16 of 58

**(PROFIT) ANNUAL LIST OF OFFICERS, DIRECTORS AND REGISTERED AGENT AND  
STATE BUSINESS LICENSE APPLICATION OF:**

FILE NUMBER

EMP MEDIA, INC

Redacted

NAME OF CORPORATION

FOR THE FILING PERIOD OF AUG, 2012 TO AUG, 2013

**\*\*YOU MAY FILE THIS FORM ONLINE AT [www.nvsos.gov](http://www.nvsos.gov)\*\***

The entity's duly appointed registered agent in the State of Nevada upon whom process can be served is:



\*110105\*

**KEITH GREGORY & ASSOCIATES**

Redacted Personal Information

**LAS VEGAS, NV**

A FORM TO CHANGE REGISTERED AGENT INFORMATION IS FOUND AT: [www.nvsos.gov](http://www.nvsos.gov)

Filed in the office of

Ross Miller  
Secretary of State  
State of Nevada

Document Number

**20130218930-59**

Filing Date and Time

**04/01/2013 3:09 PM**

Entity Number

Redacted

(This document was filed electronically.)  
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USE BLACK INK ONLY - DO NOT HIGHLIGHT

☐ Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

**IMPORTANT:** Read instructions before completing and returning this form

- 1 Print or type names and addresses, either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors must be named. There must be at least one director. An **Officer** must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
- 2 If there are additional officers, attach a list of them to this form.
- 3 Return the completed form with the filing fee. Annual list fee is based upon the current total authorized stock as explained in the Annual List Fee Schedule For Profit Corporations. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
- 4 State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
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- 6 **Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
- 7 Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708
- 8 Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

**CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW**

☐ Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code:

**NRS 76.020 Exemption Codes**

- 001 - Governmental Entity
- 005 - Motion Picture Company
- 006 - NRS 680B.020 Insurance Co

**NOTE:** If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.

☐ This corporation is a publicly traded corporation. The Central Index Key number is:

☐ This publicly traded corporation is not required to have a Central Index Key number.

|  |   |
|--|---|
| NAME<br><b>DENA RENEE WRIGHT</b>         | TITLE(S)<br><b>PRESIDENT (OR EQUIVALENT OF)</b> |
| ADDRESS<br><b>6130 FLAMINGO RD , USA</b> | CITY<br><b>LAS VEGAS</b>                        |
|  | STATE<br><b>NV</b>                              |
|  | ZIP CODE<br><b>89103</b>                        |

|  |   |
|--|---|
| NAME<br><b>SHAD APPEGATE</b>             | TITLE(S)<br><b>SECRETARY (OR EQUIVALENT OF)</b> |
| ADDRESS<br><b>6130 FLAMINGO RD , USA</b> | CITY<br><b>LAS VEGAS</b>                        |
|  | STATE<br><b>NV</b>                              |
|  | ZIP CODE<br><b>89103</b>                        |

|  |   |
|--|---|
| NAME<br><b>SHAD APPEGATE</b>             | TITLE(S)<br><b>TREASURER (OR EQUIVALENT OF)</b> |
| ADDRESS<br><b>6130 FLAMINGO RD , USA</b> | CITY<br><b>LAS VEGAS</b>                        |
|  | STATE<br><b>NV</b>                              |
|  | ZIP CODE<br><b>89103</b>                        |

|  |                             |
|--|-----------------------------|
| NAME<br><b>SHAD APPEGATE</b>             | TITLE(S)<br><b>DIRECTOR</b> |
| ADDRESS<br><b>6130 FLAMINGO RD , USA</b> | CITY<br><b>LAS VEGAS</b>    |
|  | STATE<br><b>NV</b>          |
|  | ZIP CODE<br><b>89103</b>    |

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of NRS Chapter 76 and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

NEIL INFANTE

**X**

**Signature of Officer**

Title

CEO

Date

4/1/2013 3:09:10 PM

Nevada Secretary of State Annual List Profit  
Revised 3-9-12



Case 2:18-cv-00825-APG-NJK Document 38-17 Filed 06/14/18 Page 17 of 58  
(PROFIT) ANNUAL LIST OF OFFICERS, DIRECTORS AND REGISTERED AGENT AND  
STATE BUSINESS LICENSE APPLICATION OF:

FILE NUMBER

EMP MEDIA, INC

Redacted

NAME OF CORPORATION

FOR THE FILING PERIOD OF AUG, 2013 TO AUG, 2014

**\*\*YOU MAY FILE THIS FORM ONLINE AT [www.nvsos.gov](http://www.nvsos.gov)\*\***

The entity's duly appointed registered agent in the State of Nevada upon whom process can be served is:

\*110105\*

KEITH GREGORY & ASSOCIATES

Redacted Personal Information

LAS VEGAS, NV

A FORM TO CHANGE REGISTERED AGENT INFORMATION IS FOUND AT: [www.nvsos.gov](http://www.nvsos.gov)

Filed in the office of

  
Ross Miller  
Secretary of State  
State of Nevada

Document Number

20130575732-15

Filing Date and Time

08/30/2013 3:29 PM

Entity Number

Redacted

(This document was filed electronically.)  
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☐ Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

**IMPORTANT:** Read instructions before completing and returning this form

1. Print or type names and addresses, either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors must be named. There must be at least one director. An **Officer** must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
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5. Make your check payable to the Secretary of State.
6. **Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
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8. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

**CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW**

☐ Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code:

**NRS 76.020 Exemption Codes**

001 - Governmental Entity

005 - Motion Picture Company

006 - NRS 680B.020 Insurance Co

**NOTE:** If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.

☐ This corporation is a publicly traded corporation. The Central Index Key number is:

☐ This publicly traded corporation is not required to have a Central Index Key number.

|                                   |  |
|-----------------------------------|--|
| NAME<br>DENA RENEE WRIGHT         | TITLE(S)<br>PRESIDENT (OR EQUIVALENT OF) |
| ADDRESS<br>6130 FLAMINGO RD , USA | CITY<br>LAS VEGAS                        |
|                                   | STATE<br>NV                              |
|                                   | ZIP CODE<br>89103                        |
| NAME<br>SHAD APPLGATE             | TITLE(S)<br>SECRETARY (OR EQUIVALENT OF) |
| ADDRESS<br>6130 FLAMINGO RD , USA | CITY<br>LAS VEGAS                        |
|                                   | STATE<br>NV                              |
|                                   | ZIP CODE<br>89103                        |
| NAME<br>SHAD APPLGATE             | TITLE(S)<br>TREASURER (OR EQUIVALENT OF) |
| ADDRESS<br>6130 FLAMINGO RD , USA | CITY<br>LAS VEGAS                        |
|                                   | STATE<br>NV                              |
|                                   | ZIP CODE<br>89103                        |
| NAME<br>SHAD APPLGATE             | TITLE(S)<br>DIRECTOR                     |
| ADDRESS<br>6130 FLAMINGO RD , USA | CITY<br>LAS VEGAS                        |
|                                   | STATE<br>NV                              |
|                                   | ZIP CODE<br>89103                        |

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of NRS Chapter 76 and acknowledged that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

SHAD APPLGATE

Title

SECRETARY

Date

8/30/2013 3:29:02 PM

**X**  
**Signature of Officer**

Nevada Secretary of State Annual List Profit  
Revised 3-9-12



**(PROFIT) INITIAL ANNUAL LIST OF OFFICERS, DIRECTORS AND STATE BUSINESS  
LICENSE APPLICATION OF:**

ENTITY NUMBER

EMP MEDIA, INC  
NAME OF CORPORATION

Redacted

FOR THE FILING PERIOD OF AUG, 2013 TO AUG, 2014

\*100101\*

USE BLACK INK ONLY - DO NOT HIGHLIGHT

**\*\*YOU MAY FILE THIS FORM ONLINE AT [www.nvsilverflume.gov](http://www.nvsilverflume.gov)\*\***☐ Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)**IMPORTANT:** Read instructions before completing and returning this form.

- Print or type names and addresses, either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors must be named. There must be at least one director. An **Officer** must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
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- State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
- Make your check payable to the Secretary of State.
- Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
- Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708
- Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

|  |                      |
|--|----------------------|
| Filed in the office of<br><br>Ross Miller<br>Secretary of State<br>State of Nevada | Document Number      |
|  | 20140083318-80       |
|  | Filing Date and Time |
|  | 02/03/2014 11:47 AM  |
|  | Entity Number        |
|  | Redacted             |

(This document was filed electronically.)  
ABOVE SPACE IS FOR OFFICE USE ONLY**CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW**

- ☐ Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code:  **NRS 76.020 Exemption Codes**
- NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.**
- ☐ This corporation is a publicly traded corporation. The Central Index Key number is:
- ☐ This publicly traded corporation is not required to have a Central Index Key number.
- 001 - Governmental Entity  
005 - Motion Picture Company  
006 - NRS 680B.020 Insurance Co.

|   |   |                    |                             |
|---|---|--------------------|-----------------------------|
| NAME<br><b>BOGDAN PRUNES</b>                    | TITLE(S)<br><b>PRESIDENT (OR EQUIVALENT OF)</b> |                    |                             |
| ADDRESS<br><b>Redacted Personal Information</b> | CITY<br><b>LAS VEGAS</b>                        | STATE<br><b>NV</b> | ZIP CODE<br><b>Redacted</b> |
| NAME<br><b>SHAD APPLGATE</b>                    | TITLE(S)<br><b>SECRETARY (OR EQUIVALENT OF)</b> |                    |                             |
| ADDRESS<br><b>6130 FLAMINGO RD , USA</b>        | CITY<br><b>LAS VEGAS</b>                        | STATE<br><b>NV</b> | ZIP CODE<br><b>89103</b>    |
| NAME<br><b>DENA RENEE WRIGHT</b>                | TITLE(S)<br><b>TREASURER (OR EQUIVALENT OF)</b> |                    |                             |
| ADDRESS<br><b>6130 FLAMINGO RD , USA</b>        | CITY<br><b>LAS VEGAS</b>                        | STATE<br><b>NV</b> | ZIP CODE<br><b>89103</b>    |
| NAME<br><b>SHAD APPLGATE</b>                    | TITLE(S)<br><b>DIRECTOR</b>                     |                    |                             |
| ADDRESS<br><b>6130 FLAMINGO RD , USA</b>        | CITY<br><b>LAS VEGAS</b>                        | STATE<br><b>NV</b> | ZIP CODE<br><b>89103</b>    |

None of the officers or directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

**X** NEIL INFANTE**Signature of Officer or  
Other Authorized Signature**Title  
**DIRECTOR**Date  
**2/3/2014 11:47:32 AM**Nevada Secretary of State List Profit  
Revised 7-31-13



**(PROFIT) INITIAL ANNUAL LIST OF OFFICERS, DIRECTORS AND STATE BUSINESS  
LICENSE APPLICATION OF:**

ENTITY NUMBER

EMP MEDIA, INC  
NAME OF CORPORATION

Redacted

FOR THE FILING PERIOD OF AUG, 2013 TO AUG, 2014

\*100101\*

USE BLACK INK ONLY - DO NOT HIGHLIGHT

**\*\*YOU MAY FILE THIS FORM ONLINE AT [www.nvsilverflume.gov](http://www.nvsilverflume.gov)\*\***

- ☐
- Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

**IMPORTANT:** Read instructions before completing and returning this form.

- Print or type names and addresses, either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors must be named. There must be at least one director. An **Officer** must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
- If there are additional officers, attach a list of them to this form.
- Return the completed form with the filing fee. Annual list fee is based upon the current total authorized stock as explained in the Annual List Fee Schedule For Profit Corporations. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
- State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
- Make your check payable to the Secretary of State.
- Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
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- Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

|  |                      |
|--|----------------------|
| Filed in the office of<br><br>Ross Miller<br>Secretary of State<br>State of Nevada | Document Number      |
|  | 20140261079-62       |
|  | Filing Date and Time |
|  | 04/08/2014 12:24 PM  |
|  | Entity Number        |
|  | Redacted             |

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ABOVE SPACE IS FOR OFFICE USE ONLY**CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW**

- ☐ Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code:  **NRS 76.020 Exemption Codes**
- NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.**
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- ☐ This publicly traded corporation is not required to have a Central Index Key number.
- 001 - Governmental Entity  
005 - Motion Picture Company  
006 - NRS 680B.020 Insurance Co.

|  |  |
|--|--|
| NAME<br>B. LAMBERT                       | TITLE(S)<br>PRESIDENT (OR EQUIVALENT OF) |
| ADDRESS<br>Redacted Personal Information | CITY<br>SPARKS                           |
|  | STATE<br>NV                              |
|  | ZIP CODE<br>Redacted                     |
| NAME<br>B. LAMBERT                       | TITLE(S)<br>SECRETARY (OR EQUIVALENT OF) |
| ADDRESS<br>Redacted Personal Information | CITY<br>SPARKS                           |
|  | STATE<br>NV                              |
|  | ZIP CODE<br>Redacted                     |
| NAME<br>B. LAMBERT                       | TITLE(S)<br>TREASURER (OR EQUIVALENT OF) |
| ADDRESS<br>Redacted Personal Information | CITY<br>SPARKS                           |
|  | STATE<br>NV                              |
|  | ZIP CODE<br>Redacted                     |
| NAME<br>B. LAMBERT                       | TITLE(S)<br>DIRECTOR                     |
| ADDRESS<br>Redacted Personal Information | CITY<br>SPARKS                           |
|  | STATE<br>NV                              |
|  | ZIP CODE<br>Redacted                     |

None of the officers or directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X B. LAMBERT

Signature of Officer or  
Other Authorized SignatureTitle  
PRESIDENTDate  
4/8/2014 12:24:08 PMNevada Secretary of State List Profit  
Revised 7-31-13



**(PROFIT) INITIAL ANNUAL LIST OF OFFICERS, DIRECTORS AND STATE BUSINESS  
LICENSE APPLICATION OF:**

ENTITY NUMBER

EMP MEDIA, INC  
NAME OF CORPORATION

Redacted

FOR THE FILING PERIOD OF AUG, 2013 TO AUG, 2014

\*100101\*

USE BLACK INK ONLY - DO NOT HIGHLIGHT

**\*\*YOU MAY FILE THIS FORM ONLINE AT [www.nvsilverflume.gov](http://www.nvsilverflume.gov)\*\***

- ☐
- Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

**IMPORTANT:** Read instructions before completing and returning this form.

- Print or type names and addresses, either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors must be named. There must be at least one director. An **Officer** must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
- If there are additional officers, attach a list of them to this form.
- Return the completed form with the filing fee. Annual list fee is based upon the current total authorized stock as explained in the Annual List Fee Schedule For Profit Corporations. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
- State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
- Make your check payable to the Secretary of State.
- Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
- Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708
- Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

|  |                      |
|--|----------------------|
| Filed in the office of<br><br>Ross Miller<br>Secretary of State<br>State of Nevada | Document Number      |
|  | 20140264663-04       |
|  | Filing Date and Time |
|  | 04/09/2014 2:53 PM   |
|  | Entity Number        |
|  | Redacted             |

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ABOVE SPACE IS FOR OFFICE USE ONLY**CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW**

- ☐ Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code:  **NRS 76.020 Exemption Codes**
- NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.**
- ☐ This corporation is a publicly traded corporation. The Central Index Key number is:
- ☐ This publicly traded corporation is not required to have a Central Index Key number.
- 001 - Governmental Entity  
005 - Motion Picture Company  
006 - NRS 680B.020 Insurance Co.

|   |   |                    |                             |
|---|---|--------------------|-----------------------------|
| NAME<br><b>B. LAMBERT</b>                       | TITLE(S)<br><b>PRESIDENT (OR EQUIVALENT OF)</b> |                    |                             |
| ADDRESS<br><b>Redacted Personal Information</b> | CITY<br><b>SPARKS</b>                           | STATE<br><b>NV</b> | ZIP CODE<br><b>Redacted</b> |
| NAME<br><b>SHAD APPLGATE</b>                    | TITLE(S)<br><b>SECRETARY (OR EQUIVALENT OF)</b> |                    |                             |
| ADDRESS<br><b>6130 FLAMINGO , USA</b>           | CITY<br><b>LAS VEGAS</b>                        | STATE<br><b>NV</b> | ZIP CODE<br><b>89103</b>    |
| NAME<br><b>B. LAMBERT</b>                       | TITLE(S)<br><b>TREASURER (OR EQUIVALENT OF)</b> |                    |                             |
| ADDRESS<br><b>Redacted Personal Information</b> | CITY<br><b>SPARKS</b>                           | STATE<br><b>NV</b> | ZIP CODE<br><b>Redacted</b> |
| NAME<br><b>B. LAMBERT</b>                       | TITLE(S)<br><b>DIRECTOR</b>                     |                    |                             |
| ADDRESS<br><b>Redacted Personal Information</b> | CITY<br><b>SPARKS</b>                           | STATE<br><b>NV</b> | ZIP CODE<br><b>Redacted</b> |

None of the officers or directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

**X** SHAD APPLGATE**Signature of Officer or  
Other Authorized Signature**Title  
**SECRETARY**Date  
**4/9/2014 2:52:59 PM**Nevada Secretary of State List Profit  
Revised 7-31-13



## Statement of Resignation of Registered Agent

|   |   |
|---|---|
| Filed in the office of<br><br>Ross Miller<br>Secretary of State<br>State of Nevada | Document Number<br><b>20140498244-88</b><br>Filing Date and Time<br><b>07/10/2014 5:53 AM</b><br>Entity Number<br><b>Redacted</b> |
|---|---|

Att. II - Page 18



**(PROFIT) INITIAL ANNUAL LIST OF OFFICERS, DIRECTORS AND STATE BUSINESS LICENSE APPLICATION OF:**

ENTITY NUMBER

EMP Media, Inc.

Redacted

NAME OF CORPORATION

FOR THE FILING PERIOD OF

8/31/14

TO

8/31/15



\*100103\*

USE BLACK INK ONLY - DO NOT HIGHLIGHT

**\*\*YOU MAY FILE THIS FORM ONLINE AT [www.nvsilverflume.gov](http://www.nvsilverflume.gov)\*\***

- ☒ Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

**IMPORTANT:** Read instructions before completing and returning this form.

- Print or type names and addresses, either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors must be named. There must be at least one director. An Officer must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
- If there are additional officers, attach a list of them to this form.
- Return the completed form with the filing fee. Annual list fee is based upon the current total authorized stock as explained in the Annual List Fee Schedule For Profit Corporations. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
- State business license fee is \$500.00/\$200.00 for Professional Corporations filed pursuant to NRS Chapter 89. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
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- Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
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ABOVE SPACE IS FOR OFFICE USE ONLY

**CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW**

- ☐ Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code:

**NRS 76.020 Exemption Codes**

**NOTE:** If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.

001 - Governmental Entity

005 - Motion Picture Company

006 - NRS 680B.020 Insurance Co.

- ☐ This corporation is a publicly traded corporation. The Central Index Key number is:

- ☐ This publicly traded corporation is not required to have a Central Index Key number.

|   |   |
|---|---|
| <b>NAME</b><br>Neil Infante<br><b>ADDRESS</b><br>6130 Flamingo Rd. #732 | <b>TITLE(S)</b><br>PRESIDENT (OR EQUIVALENT OF)<br><b>CITY</b><br>Las Vegas<br><b>STATE</b><br>NV<br><b>ZIP CODE</b><br>89103 |
| <b>NAME</b><br>Neil Infante<br><b>ADDRESS</b><br>6130 Flamingo Rd. #732 | <b>TITLE(S)</b><br>SECRETARY (OR EQUIVALENT OF)<br><b>CITY</b><br>Las Vegas<br><b>STATE</b><br>NV<br><b>ZIP CODE</b><br>89103 |
| <b>NAME</b><br>Neil Infante<br><b>ADDRESS</b><br>6130 Flamingo Rd. #732 | <b>TITLE(S)</b><br>TREASURER (OR EQUIVALENT OF)<br><b>CITY</b><br>Las Vegas<br><b>STATE</b><br>NV<br><b>ZIP CODE</b><br>89103 |
| <b>NAME</b><br>Neil Infante<br><b>ADDRESS</b><br>6130 Flamingo Rd. #732 | <b>TITLE(S)</b><br>DIRECTOR<br><b>CITY</b><br>Las Vegas<br><b>STATE</b><br>NV<br><b>ZIP CODE</b><br>89103                     |

None of the officers or directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

**X**   
 Signature of Officer or  
 Other Authorized Signatory

|                           |                        |
|---------------------------|------------------------|
| <b>Title</b><br>President | <b>Date</b><br>8/20/15 |
|---------------------------|------------------------|



**(PROFIT) INITIAL/ANNUAL LIST OF OFFICERS, DIRECTORS AND STATE BUSINESS LICENSE APPLICATION OF:**

ENTITY NUMBER

EMP Media, Inc.

NAME OF CORPORATION

Redacted

FOR THE FILING PERIOD OF

8/31/15

TO

8/31/16



\*100103\*

USE BLACK INK ONLY - DO NOT HIGHLIGHT

**\*\*YOU MAY FILE THIS FORM ONLINE AT [www.nvsliverflume.gov](http://www.nvsliverflume.gov)\*\***☒ Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)**IMPORTANT:** Read instructions before completing and returning this form.

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ABOVE SPACE IS FOR OFFICE USE ONLY

Filed in the office of

Barbara K. Cegavske

Barbara K. Cegavske  
Secretary of State  
State of Nevada

Document Number

20150372154-50

Filing Date and Time

08/20/2015 10:26 AM

Entity Number

Redacted

**CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW**☐ Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code: 

NRS 76.020 Exemption Codes

**NOTE:** If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.

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005 - Motion Picture Company

006 - NRS 680B.020 Insurance Co.

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|  |   |                          |                    |                          |
|--|---|--------------------------|--------------------|--------------------------|
| <b>NAME</b><br>Neil Infante              | <b>TITLE(S)</b><br>PRESIDENT (OR EQUIVALENT OF) | <b>CITY</b><br>Las Vegas | <b>STATE</b><br>NV | <b>ZIP CODE</b><br>89103 |
| <b>ADDRESS</b><br>6130 Flamingo Rd. #732 |   |                          |                    |                          |
| <b>NAME</b><br>Neil Infante              | <b>TITLE(S)</b><br>SECRETARY (OR EQUIVALENT OF) | <b>CITY</b><br>Las Vegas | <b>STATE</b><br>NV | <b>ZIP CODE</b><br>89103 |
| <b>ADDRESS</b><br>6130 Flamingo Rd. #732 |   |                          |                    |                          |
| <b>NAME</b><br>Neil Infante              | <b>TITLE(S)</b><br>TREASURER (OR EQUIVALENT OF) | <b>CITY</b><br>Las Vegas | <b>STATE</b><br>NV | <b>ZIP CODE</b><br>89103 |
| <b>ADDRESS</b><br>6130 Flamingo Rd. #732 |   |                          |                    |                          |
| <b>NAME</b><br>Neil Infante              | <b>TITLE(S)</b><br>DIRECTOR                     | <b>CITY</b><br>Las Vegas | <b>STATE</b><br>NV | <b>ZIP CODE</b><br>89103 |
| <b>ADDRESS</b><br>6130 Flamingo Rd. #732 |   |                          |                    |                          |

None of the officers or directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

**X**

Signature of Officer or  
Other Authorized Signature

Title

President

Date

8/20/15





BARBARA K. CEGAVSKE  
Secretary of State  
202 North Carson Street  
Carson City, Nevada 89701-4201  
(775) 684-6708  
Website: www.nvsos.gov

\*181004\*

## Statement of Change of Registered Agent by Represented Entity

(PURSUANT TO NRS 77.340)

This form may be submitted by: the Represented Entity to appoint a new Registered Agent or amend own service of process info. For more information please visit <http://www.nvsos.gov/index.aspx?page=141>

Filed in the office of  
*Barbara K. Cegavske*  
Barbara K. Cegavske  
Secretary of State  
State of Nevada

Document Number  
**20150372155-61**  
Filing Date and Time  
**08/20/2015 10:26 AM**  
Entity Number  
**Redacted**

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## 1. Name of Represented Entity:

EMP Media, Inc.

2. Entity File Number: **Redacted**

## 3. This statement of change will have the following effect: (check only one)

- ☒ Appoints a new agent for service of process (complete 4a or 4b)  
☐ Updates contact information of the Represented Entity acting as own agent (complete 4c)

## 4. Information in effect upon the filing of this statement: (complete only one section)

## a) Commercial Registered Agent:

Name

## b) Noncommercial Registered Agent:

Name

Street Address

City

Nevada

Zip Code

Mailing Address (if different from street address)

City

Nevada

Zip Code

## c) Title of Office or Other Position within Represented Entity:

Neil Infante / President

Name of Title or Position

6130 Flamingo Rd. #732

Street Address

Las Vegas

City

Nevada

89103

Zip Code

Mailing Address (if different from street address)

City

Nevada

Zip Code

## 5. Signature of Represented Entity: (required)

**X** *[Signature]*  
Authorized Signature

8/20/15

Date

## 6. Registered Agent Acceptance: (required)

I hereby accept appointment as Registered Agent for the above named Entity.

**X** *[Signature]*  
Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity

8/20/15

Date

FEE: \$60.00

This form must be accompanied by appropriate fees.

Nevada Secretary of State Form RA Change by Entity  
Revised: 1-5-15





\*130205\*



**BARBARA K. CEGAVSKE**  
 Secretary of State  
 202 North Carson Street  
 Carson City, Nevada 89701-4201  
 (775) 684-5708  
 Website: [www.nvsos.gov](http://www.nvsos.gov)

## Certificate of Dissolution

(PURSUANT TO NRS 78.580)

|  |   |
|--|---|
| Filed in the office of<br><i>Barbara K. Cegavske</i><br>Barbara K. Cegavske<br>Secretary of State<br>State of Nevada | Document Number<br><b>20160317379-29</b>          |
|  | Filing Date and Time<br><b>07/18/2016 2:11 PM</b> |
|  | Entity Number<br><b>Redacted</b>                  |

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

### Certificate of Dissolution For a Nevada Profit Corporation Before or After Issuance of Stock and After Beginning of Business (Pursuant to NRS 78.580)

1. Name of corporation:

EMP MEDIA, INC.

2. Entity or NV I.D. number: **Redacted**

3. The resolution to dissolve said corporation has been approved by the directors or both the directors and stockholders as provided in NRS 78.580(1) and (2). The names and addresses of the **president, secretary, treasurer and all directors\*** are:

|  |  |
|--|--|
| Neil Infante<br>Name of <b>president</b>       | 6130 Flamingo Rd. #732, Las Vegas, NV 89103<br>Address |
| Neil Infante<br>Name of <b>secretary</b>       | 6130 Flamingo Rd. #732, Las Vegas, NV 89103<br>Address |
| Neil Infante<br>Name of <b>treasurer</b>       | 6130 Flamingo Rd. #732, Las Vegas, NV 89103<br>Address |
| Neil Infante<br>Name of <b>director</b>        | 6130 Flamingo Rd. #732, Las Vegas, NV 89103<br>Address |
| <br>Name of <b>additional director, if any</b> | <br>Address  |

3. Effective date and time of dissolution: (optional) Date: 7/7/16 Time: 5 pm PST  
 (must not be later than 90 days after the certificate is filed)

4. Signature: (required)

**X**   
 Signature of Officer

7/7/16  
 Date

\*attach a plain 8 1/2" x 11" sheet to list additional directors.

**FILING FEE: \$100.00****IMPORTANT:** Failure to include any of the above information and submit with the proper fees may cause this filing to be rejected.

This form must be accompanied by appropriate fees.

Nevada Secretary of State Dissolution Profit-After  
 Revised: 1-26-16

# **ATTACHMENT JJ**



2013-Sep-14 11:25 AM bank of america 702 352-0626

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Redacted Personal Info.

Bank of America

BANK OF AMERICA, N.A. (THE "BANK")

Business Signature Card  
with Substitute Form W-9

Account Number: Redacted

Bank Number: Redacted

Account Type: ☒ DDA ☐ SAV ☐ CD

Account Title:

BMP MEDIA, INC

## Legal Designation:

☐ Individual/Sole Proprietor ☐ Trust/Estate ☐ Unincorporated Association ☒ C Corporation ☐ S Corporation☐ Partnership (Enter the type of partnership: General, LP, LLP or LLLP)☐ Limited Liability Company (Enter tax classification: C-C Corporation, S-S Corporation, P-Partnership or M-Single Member Sole Proprietor)☐ Other (Defined in W-9 instructions)

Social Security Number (or) Employer Identification Number Redacted

By signing below, I/we acknowledge and agree that this account is and will be governed by the terms and conditions set forth in the account opening documents for my/our account, as they are amended from time to time. The account opening documents include the Deposit Agreement and Disclosures and the Business Schedule of Fees. Furthermore, I/we acknowledge the receipt of these documents. By signing below, I/we acknowledge and agree that the signature(s) will serve as verification for any transactions in connection with this account, and as the certification (set forth below) of the taxpayer identification number (TIN) to which I/we want interest reported. The Deposit Agreement includes a provision for alternative dispute resolution.

Substitute Form W-9. Certification - Under penalties of perjury, I certify that: (1) The number shown on this form is the correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (A) I am exempt from backup withholding, or (B) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (C) The IRS has notified me that I am no longer subject to backup withholding, and (3) I am a US citizen or other US person (Defined in the W-9 instructions).

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. (Please refer to the IRS instructions for Form W-9).

☐ Exempt Payee (check if applicable)

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

☐ Nonresident Alien Status (if applicable) If the beneficial owner of this account is a foreign person, check here, and complete and sign the applicable Form(s) W-8.

| Name (typed or printed) | Title (if applicable) | Signature        | Date     |
|-------------------------|-----------------------|------------------|----------|
| 1 SHAD APPLEGATE        | MANAGER               | Shad Applegate   | 09-13-13 |
| 2 JASON HOWARD FISHER   | AUTH SIGNER           | J. Howard Fisher | 09-13-13 |
| 3                       |                       |                  |          |
| 4                       |                       |                  |          |
| 5                       |                       |                  |          |

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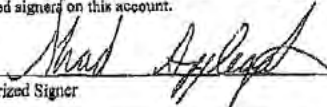
2013-Sep-14 11:25 AM bank of america 702 352-0626

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Account Number: Redacted☐ Signature Card Addendum on File

## ATM/Deposit/Debit Card Request

Provided that the account referenced above is eligible to receive automated teller machine cards and/or Debit Cards, I (as authorized by the resolutions and/or court documents and/or other agreements which authorize this account) hereby request the issuance of such cards to any of the authorized signers on this account.

  
 Authorized Signer

secretary  
 Title

## Review Information

## Customer 1:

Name SHAD APPLEGATEID Type: US Driver License W/Photo ID#: Redacted ID Issuer: Arizona Iss. Date: 03/2008 Exp. Date: 03/2016ID Type: BOA ATM/Check No Photo ID#: Redacted ID Issuer: BOA VISA DEBIT CARD Iss. Date: N/A Exp. Date: 07/2017

## Customer 2:

Name JASON HOWARD FISHERID Type: US Driver License W/Photo ID#: Redacted ID Issuer: Nevada Iss. Date: 10/2011 Exp. Date: 03/2015ID Type: Major Fin'l Credit Cd ID#: Redacted ID Issuer: AMEX CREDIT CARD Iss. Date: N/A Exp. Date: 01/2016

## Customer 3:

Name \_\_\_\_\_

ID Type: \_\_\_\_\_ ID#: \_\_\_\_\_ ID Issuer: \_\_\_\_\_ Iss. Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

ID Type: \_\_\_\_\_ ID#: \_\_\_\_\_ ID Issuer: \_\_\_\_\_ Iss. Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

## Customer 4:

Name \_\_\_\_\_

ID Type: \_\_\_\_\_ ID#: \_\_\_\_\_ ID Issuer: \_\_\_\_\_ Iss. Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

ID Type: \_\_\_\_\_ ID#: \_\_\_\_\_ ID Issuer: \_\_\_\_\_ Iss. Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

## Customer 5:

Name \_\_\_\_\_

ID Type: \_\_\_\_\_ ID#: \_\_\_\_\_ ID Issuer: \_\_\_\_\_ Iss. Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

ID Type: \_\_\_\_\_ ID#: \_\_\_\_\_ ID Issuer: \_\_\_\_\_ Iss. Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

## Bank Information

Date 09/13/2013Banking Center Name TROPICANA / DECATURAssociate's Name Hector AsencioAssociate's Phone Number 702-654-3000NNV  
00-14-9297M 02-2013

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# Redacted Personal Information

## Certified Copy of Corporate Resolutions - Opening and Maintaining Deposit Accounts and Services

BANK OF AMERICA, N.A. (THE "BANK")

Name of Corporation EMP MEDIA, INCI, the undersigned, hereby certify to BANK OF AMERICA, N.A.that I am the Secretary/Assistant Secretary and the designated keeper of the records and minutes of EMP MEDIA, INC

State of Nebraska (the "Corporation"); that the following is a true copy of resolutions duly adopted by the Board of Directors of said Corporation at a meeting duly held on the 13 day of Sept 2013, at which a quorum was present and acted throughout or adopted by the unanimous written consent of the Board of Directors; and that such resolutions are in full force and effect and have not been amended or rescinded.

### 1. Resolved, that BANK OF AMERICA, N.A.

(the "Bank") is hereby designated as a depository of the Corporation and that deposit accounts and/or time deposits (CDs) be opened and maintained in the name of this Corporation with Bank in accordance with the terms of the Bank's Deposit Agreement and Disclosures and the applicable rules and regulations for such accounts; that any one of the following officers or employees of the Corporation:

Shad Applegate  
Name

Secretary  
Title

Jason Howard Fisher  
Name

Auth Signer  
Title

Name

Title

Name

Title

is hereby authorized, on behalf of this Corporation and in its name, to execute and to sign any application, deposit agreement, signature card and any other documentation required by Bank to open said accounts; to sign checks, drafts, notes, bills of exchange, acceptances, time deposits (CDs) or other orders for payment of money; to endorse checks, drafts, notes, bills, time deposits (CDs) or other instruments owned or held by this Corporation for deposit with Bank or for collection or discount by Bank; to accept drafts, acceptances, and other instruments payable at Bank; to place orders with Bank for the purchase and sale of foreign currencies on behalf of this Corporation; to execute and deliver an electronic fund transfers agreement and to make transfers or withdrawals by electronic transfer on behalf of the Corporation; to obtain an access device (including but not limited to a card, code, or other means of access to the Corporation's accounts) that may be used for the purpose of initiating electronic fund transfers (Corporation agrees and acknowledges that neither the Electronic Funds Transfer Act (15 U.S.C. 1693 et seq.) nor Regulation E (12 C.F.R. Part 205) are applicable to any such access device); to establish and maintain a night deposit relationship; to execute and deliver a wire transfer agreement and to request, or to appoint or delegate from time to time such persons who may request, wires of funds; to enter into any agreements with the Bank for the provision by Bank of various Treasury Management services to this Corporation as such officer or employee may determine, in his or her sole discretion, and to sign any and all documents and take all actions required by Bank relative to such Treasury Management services or the performance of the Corporation's obligations thereunder, and that any such Treasury Management agreement(s) shall remain in full force and effect until written notice to terminate given in accordance with the terms of any such agreement shall have been received by Bank and that such termination shall not effect any action taken by the Bank prior to such termination; to rent or lease a safe deposit box from Bank, to execute the rental agreement or lease, to enter the safe deposit box and to terminate the rental agreement or lease; to take whatever other actions or enter in to whatever other agreements relating to the accounts or investment of funds in such accounts with Bank and to execute, amend, supplement and deliver to Bank such agreements on behalf of the Corporation upon such terms and conditions as such officer or employee may deem appropriate and to appoint and delegate, from time to time, such person(s) who may be authorized to enter into such agreements and take any other actions pursuant to such agreements in connection with said accounts that the officer or employee deems necessary; and to waive presentment, demand, protest, and notice of protest or dishonor of any check, note, bill, draft, or other instrument made, drawn or endorsed by this Corporation; and

2. Further Resolved, that the Bank be and is hereby authorized to honor, receive, certify, pay or exchange for money orders or other instruments all instruments signed in accordance with the foregoing resolutions even though such payment may create an overdraft or even though such instruments may be drawn or endorsed to the order of any officer or employee signing the same or endorsed by such officer or employee or a third party for exchange or cashing, or in payment of the individual obligation of such officer or employee, or for deposit to such officer's or employee's personal account and Bank shall not be required or be under any obligation to inquire as to the circumstances of the issuance or use of any instrument signed in accordance with the foregoing resolutions or the application or disposition of such instrument or the proceeds thereof; and, further, that the Bank is authorized to honor any instructions regarding withdrawals, orders for payment or transfer of funds whether oral, by telephone or electronic means if such withdrawal, orders or transfer are initiated by an above authorized officer or employee; and

3. Further Resolved, that the Bank be and is hereby requested, authorized and directed to honor and to treat as authorized, checks, drafts or other orders for the payment of money drawn or purportedly drawn in this Corporation's name, including those payable to the individual order of any person whose name appears thereon as signer thereof, when bearing or purporting to bear the facsimile signature of an officer or employee authorized in the foregoing resolutions and Bank shall be entitled to honor, to treat as authorized, and to charge this Corporation for such checks, drafts, or other orders regardless of by whom or by what means the actual or purported facsimile signature thereon may have been affixed thereto, if such signature resembles the facsimile specimen duly certified to or filed with the Bank by the Secretary or Assistant Secretary or other officer of this Corporation or if such facsimile signature resembles any facsimile signature previously affixed to any check, draft, or other order drawn in the Corporation's name, which check, draft, or other order was accepted and paid without timely objection by the Corporation, thereby relieving the use of such facsimile signature; and the Corporation hereby indemnifies and holds the Bank harmless against any and all loss, cost, damage or expense suffered or incurred by the Bank arising out of or in any way related to the misuse or unlawful or unauthorized use by a person of such facsimile signature; and

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00-14-9012M 02-2011



2013-Sep-14 11:25 AM bank of america 702 352-0626

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## Redacted Personal Information

4. **Further Resolved**, that endorsements for deposit may be evidenced by the name of the Corporation being written or stamped on the check or other instrument deposited, without designation of the party making the endorsement, and Bank is authorized to supply any endorsement on any instrument tendered for deposit or collection; and

5. **Further Resolved**, that the Secretary or Assistant Secretary of this Corporation shall certify to Bank names and signatures of persons authorized to act on behalf of this Corporation under the foregoing resolutions and shall from time to time hereafter, as changes in the identity of said officers and employees are made, immediately report, furnish and certify such changes to Bank and shall submit to Bank a new account signature card reflecting such change(s) in order to make such changes effective and Bank shall be fully protected in relying on such certifications and shall be indemnified and saved harmless from any claims, demands, expenses, losses, or damages resulting from, or growing out of, honoring the signature of any officer or employee so certified, or refusing to honor any signature not so certified; and

6. **Further Resolved**, the foregoing resolutions shall remain in full force and effect and the authority herein given to all of said persons shall remain irrevocable as far as Bank is concerned until three (3) business days after Bank is notified in writing of the revocation of such authority and that receipt of such notice shall not affect any action taken by said Bank prior thereto; and

7. **Further Resolved**, that all transactions by any officer or employee of this Corporation on its behalf and in its name with Bank prior to the delivery to Bank of a certified copy of the foregoing resolutions are, in all respects, hereby ratified, confirmed, approved and adopted; and

8. **Further Resolved**, that the Secretary or Assistant Secretary be and hereby is, authorized and directed to certify those resolutions to said Bank and that the provisions hereof are in conformity with the Charter or Articles of Incorporation and Bylaws of this Corporation and that the Secretary or Assistant Secretary be, and hereby is, authorized and directed to certify, from time to time hereafter, the names of the holders of the above authorized titles and their signatures on any signature card or other documentation required by said Bank.

In Witness Whereof, I have hereunto subscribed my name and affixed the seal of this Corporation, this 13 day of SEPT 2013.

[Signature]  
Secretary/Assistant Secretary

S.A.  
(Corporate Seal) No corporate seal



| Bank Information         |                     |
|--------------------------|---------------------|
| Date                     | 09/13/2013          |
| Banking Center Name      | TROPICANA / DECATUR |
| Associate's Name         | Hanna Ashagrie      |
| Associate's Phone Number | 702-654-5000        |

00-14-9012M 02-2011



Bank of America Legal Order Processing  
RE: Reference # D050916000625  
Court Case number:  
Court or Issuer: FEDERAL TRADE COMMISSION  
Court Case Name: EMP MEDIA

**AFFIDAVIT OF BANK OF AMERICA BANK OFFICER AND/OR CUSTODIAN OF RECORDS**

Before me, the undersigned authority, personally appeared,  
Lytiasha Jones  
Who, being duly sworn by me, deposes and says as follows:

1.) **Authority.** I, Lytiasha Jones, am a duly authorized bank officer and/or custodian of the records of Bank of America N.A. with authority to execute this affidavit and certify to the authenticity and accuracy of the records produced with this affidavit.

2.) **Records.** The records produced herewith by Bank of America, N.A. are original documents or are true copies of records of a regularly conducted banking activity that:

- a.) Were made at or near the time of the occurrence of the matters set forth by, or from information transmitted by, a person with knowledge of those matters;
- b.) Were made and kept in the course of regularly conducted banking activity by Bank of America, N.A. personnel or by persons acting under their control; and
- c.) Were made and kept by the regularly conducted activity of Bank of America N.A. as a regular practice, on or about the time of the act, condition, or event recorded.

**Additional Comments:** These records include:

- SIGNATURE CARD AND CORPORATE RESOLUTION, BANK STATEMENTS, DEPOSITS WITH OFFSETS, CANCELLED CHECKS, WIRE TRANSFERS FOR ACCOUNT ENDING IN 2477 IN THE NAME OF EMP MEDIA, INC FOR THE TIME FRAME OF JANUARY 2014 THRU APRIL 2016 (RECORDS PRODUCED ELECTRONICALLY-SEE CD)
- SIGNATURE CARD AND CORPORATE RESOLUTION, BANK STATEMENTS, DEPOSITS WITH OFFSETS FOR ACCOUNT ENDING IN 3162 IN THE NAME OF EMP MEDIA, INC FOR THE TIME FRAME OF JANUARY 2014 THRU APRIL 2016 (RECORDS PRODUCED ELECTRONICALLY-SEE CD)
- SIGNATURE CARD AND CORPORATE RESOLUTION, BANK STATEMENTS FOR ACCOUNT ENDING IN 8159 IN THE NAME OF HOT MEDIA LTD FOR THE TIME FRAME OF JANUARY 2014 THRU APRIL 2016 (RECORDS PRODUCED ELECTRONICALLY-SEE CD)
- BANK STATEMENTS, DEPOSITS WITH OFFSETS, WIRE TRANSFERS FOR ACCOUNT ENDING IN 4672 IN THE NAME OF EMP MEDIA, INC FOR THE TIME FRAME OF JULY 2014 THRU APRIL 2016 (RECORDS PRODUCED ELECTRONICALLY-SEE CD)
- CERTIFICATION OF BUSINESS, BANK STATEMENTS FOR ACCOUNT ENDING IN 4532 IN THE NAME OF EMP MEDIA INC FOR THE TIME FRAME OF AUGUST 2015 THRU APRIL 2016 (RECORD PRODUCED ELECTRONICALLY-SEE CD)
- SIGNATURE CARD AND CORPORATE RESOLUTION, BANK STATEMENTS, DEPOSIT WITH OFFSETS, WIRE TRANSFERS FOR ACCOUNT ENDING IN 6721 IN THE NAME OF WEB TRAFFICE NETWORKS, LLC FOR THE TIME FRAME OF JUNE 2014 THRU APRIL 2016 (RECORDS PRODUCED ELECTRONICALLY-SEE CD)
- SIGNATURE CARD AND CORPORATE RESOLUTION, BANK STATEMENTS, DEPOSITS WITH OFFSETS, CANCELLED CHECKS, WIRE TRANSFERS FOR ACCOUNT ENDING IN 2472 IN THE NAME OF DIRO MEDIA LLC FOR THE TIME FRAME OF JANUARY 2014 THRU APRIL 2016 (RECORDS PRODUCED ELECTRONICALLY-SEE CD)
- SIGNATURE CARD AND CORPORATE RESOLUTION, BANK STATEMENTS FOR ACCOUNT ENDING IN 3717 IN THE NAME OF ADT SEARCH MEDIA, INC FOR THE TIME FRAME OF JANUARY 2014 THRU APRIL 2016 (RECORDS PRODUCED ELECTRONICALLY-SEE CD)

3.) **Production**

X The records produced herewith (together with any banking records produced by Bank of America N.A. previously in response to the subject request, order, or subpoena) constitute a complete production of bank records responsive to the subject request order or subpoena (or a complete production under the terms of a subject request, order, subpoena as subsequently limited by the issuer).

OR

\_\_\_\_\_ A thorough search has been conducted and no records could be located that are responsive to the subject request, order, or subpoena.

4.) I declare under penalty of perjury that the foregoing is true and correct.

Date: 5/17/2016 Signature: [Signature]

The above named Bank of America N.A. bank officer and/or custodian of records is known to me (or satisfactorily proven) to be the person who subscribed the within document and acknowledged to me that he/she executed the same for the purposes stated there in.

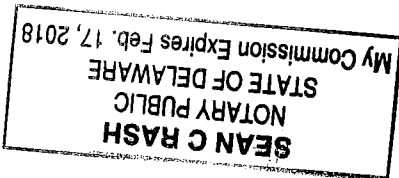
X Signer is personally known to me.

\_\_\_\_\_ Signer has produced the following identification: \_\_\_\_\_

Sworn to and subscribed before me this 17 day of May 2016. In witness thereof I have set my hand and official seal.

[Signature]

Signature of Notary Public in and for  
State of Delaware  
City/County of Newark/New Castle  
My Commission Expires \_\_\_\_\_







May 17, 2016

FEDERAL TRADE COMMISSION  
MEGAN COX  
600 PENNSYLVANIA AVE, MAIL STOP CC-8232  
WASHINGTON, DC 20580

Regarding reference number: D050916000625

Case name: EMP MEDIA

Case number:

Customer name: DIRO MEDIA LLC, WEB TRAFFIC NETWORKS LLC, EMP MEDIA, INC, HOT MEDIA LTD, ADT SEARCH MEDIA, INC

Enclosed are the documents requested in the subpoena/legal request issued in the above case.

### **What you need to know**

We consider your receipt of these records compliance with the above referenced subpoena/legal request and our file is now closed for this matter.

NOTE: THE BANK DOES NOT POSSESS ANY OF THE FOLLOWING:

\*CANCELLED CHECKS, WIRE TRANSFERS FOR ACCOUNT ENDING IN 3162 IN THE NAME OF EMP MEDIA, INC  
\*DEPOSITS WITH OFFSETS, CANCELLED CHECKS, WIRE TRANSFERS FOR ACCOUNT ENDING IN 8159 IN THE NAME OF HOT MEDIA LTD \*SIGNATURE CARD, CORPORATE RESOLUTION, CANCELLED CHECKS FOR ACCOUNT ENDING IN 4672 IN THE NAME OF EMP MEDIA, INC \*DEPOSITS WITH OFFSETS, CANCELLED CHECKS, WIRE TRANSFERS FOR ACCOUNT ENDING IN 4532 IN THE NAME OF EMP MEDIA, INC \*CANCELLED CHECKS FOR ACCOUNT ENDING IN 6721 IN THE NAME OF WEB TRAFFIC NETWORKS, LLC  
\*DEPOSITS WITH OFFSETS, CANCELLED CHECKS, WIRE TRANSFERS FOR ACCOUNT ENDING IN 3717 IN THE NAME OF ADT SEARCH MEDIA, INC.

### **What you need to do**

If you need to forward any additional correspondence to us regarding this case, please mail it to the following address:

Bank of America  
DE5-024-02-08  
P.O. Box 15047  
Wilmington, DE 19850

### **Questions?**

If you have any questions, please call us at 213-580-0702. We're available Monday through Friday 9 a.m. to 5 p.m. local time. When contacting us regarding this notice, please use the reference number listed above.

Legal Order Processing



# **ATTACHMENT KK**

2012-Dec-18 09:00 AM bank of america 702 352-0626

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**Bank of America**  
BANK OF AMERICA, N.A. (THE "BANK")

Business Signature Card  
with Substitute Form W-9

Account Number: **Redacted**Bank Number: **Redacted**Account Type: ☒ DDA ☐ SAV ☐ CD

Account Title:

EMP MEDIA, INC

DBA INTERNET SECRETS

## Legal Designation:

☐ Individual/Sole Proprietor ☐ Trust/Estate ☐ Unincorporated Association ☒ C Corporation ☐ S Corporation☐ Partnership (Enter the type of partnership: General, LP, LLP or LLLP)☐ Limited Liability Company (Enter tax classification: C=C Corporation, S=S Corporation, P=Partnership or M=Single Member Sole Proprietor)☐ Other (Defined in W-9 Instructions)Social Security Number \_\_\_\_\_ (or) Employer Identification Number **Redacted**

By signing below, I/we acknowledge and agree that this account is and will be governed by the terms and conditions set forth in the account opening documents for my/our account, as they are amended from time to time. The account opening documents include the Deposit Agreement and Disclosures and the Business Schedule of Fees. Furthermore, I/we acknowledge the receipt of these documents. By signing below, I/we acknowledge and agree that the signature(s) will serve as verification for any transactions in connection with this account, and as the certification (set forth below) of the taxpayer identification number (TIN) to which I/we want interest reported. The Deposit Agreement includes a provision for alternative dispute resolution.

Substitute Form W-9. Certification - Under penalties of perjury, I certify that: (1) The number shown on this form is the correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (A) I am exempt from backup withholding, or (B) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (C) The IRS has notified me that I am no longer subject to backup withholding, and (3) I am a US citizen or other US person (Defined in the W-9 Instructions).

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. (Please refer to the IRS Instructions for Form W-9).

☐ Exempt Payee (check if applicable)

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

☐ Nonresident Alien Status (if applicable) If the beneficial owner of this account is a foreign person, check here, and complete and sign the applicable Form(s) W-8.

| Name (typed or printed) | Title (if applicable) | Signature             | Date     |
|-------------------------|-----------------------|-----------------------|----------|
| 1 SHAD APPELGATE        | PRESIDENT/SECRETARY   | <i>Shad Applegate</i> | 12/14/12 |
| 2 Bogdan A. Pronce      | Authorized Signer     | <i>Bogdan Pronce</i>  | 12/14/12 |
| 3                       |                       |                       |          |
| 4                       |                       |                       |          |
| 5                       |                       |                       |          |

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☐ Signature Card Addendum on File**Redacted Personal Information****ATM/Deposit/Debit Card Request**

Provided that the account referenced above is eligible to receive automated teller machine cards and/or Debit Cards, I (as authorized by the resolutions and/or court documents and/or other agreements which authorize this account) hereby request the issuance of such cards to any of the authorized signers on this account.

Authorized Signer

Title

**Review Information****Customer 1:**

Name SHAD APPELQATE

ID Type: US Driver License W/Photo ID#: Redacted ID Issuer: AZ Iss. Date: 03/2008 Exp. Date: 03/2010

ID Type: BOA ATM/Check No Photo ID#: Redacted ID Issuer: BOFA Iss. Date: N/A Exp. Date: 10/2016

**Customer 2:**

Name Boydan A. Prunes.

ID Type: US DL ID#: Redacted ID Issuer: NV Iss. Date: 10/09 Exp. Date: 6/13

ID Type: Visa Debit Card ID#: Redacted ID Issuer: Wells fargo Iss. Date: N/A Exp. Date: 6/13

**Customer 3:**

Name

ID Type: ID#: ID Issuer: Iss. Date: Exp. Date:

ID Type: ID#: ID Issuer: Iss. Date: Exp. Date:

**Customer 4:**

Name

ID Type: ID#: ID Issuer: Iss. Date: Exp. Date:

ID Type: ID#: ID Issuer: Iss. Date: Exp. Date:

**Customer 5:**

Name

ID Type: ID#: ID Issuer: Iss. Date: Exp. Date:

ID Type: ID#: ID Issuer: Iss. Date: Exp. Date:

**Bank Information**

Date 12/14/2012

Banking Center Name TROPICANA / DECATUR

Associate's Name IMRAN IQBAL

Associate's Phone Number 702-352-0617

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Redacted Personal Information

BANK OF AMERICA, N.A. (THE "BANK")

Certified Copy of Corporate Resolutions - Opening  
and Maintaining Deposit Accounts and ServicesName of Corporation EMP MEDIA, INCI, the undersigned, hereby certify to BANK OF AMERICA, N.A.that I am the Secretary/Assistant Secretary and the designated keeper of the records and minutes of  
EMP MEDIA, INCState of Nevada (the "Corporation"); that the following is a true copy of resolutions duly adopted by the Board of Directors of said Corporation at a meeting duly held on the 14 day of Dec, 2012, at which a quorum was present and acted throughout or adopted by the unanimous written consent of the Board of Directors; and that such resolutions are in full force and effect and have not been amended or rescinded.

1. Resolved, that BANK OF AMERICA, N.A. (the "Bank") is hereby designated as a depository of the Corporation and that deposit accounts and/or time deposits (CDs) be opened and maintained in the name of this Corporation with Bank in accordance with the terms of the Bank's Deposit Agreement and Disclosures and the applicable rules and regulations for such accounts; that any one of the following officers or employees of the Corporation:

Shad Applegate  
Name  
Bogdan A. Prunes  
Name

President / Secretary  
Title  
Authorized Signer  
Title

Name

Title

Name

Title

is hereby authorized, on behalf of this Corporation and in its name, to execute and to sign any application, deposit agreement, signature card and any other documentation required by Bank to open said accounts; to sign checks, drafts, notes, bills of exchange, acceptances, time deposits (CDs) or other orders for payment of money; to endorse checks, drafts, notes, bills, time deposits (CDs) or other instruments owned or held by this Corporation for deposit with Bank or for collection or discount by Bank; to accept drafts, acceptances, and other instruments payable at Bank; to place orders with Bank for the purchase and sale of foreign currencies on behalf of this Corporation; to execute and deliver an electronic fund transfers agreement and to make transfers or withdrawals by electronic transfer on behalf of the Corporation; to obtain an access device (including but not limited to a card, code, or other means of access to the Corporation's accounts) that may be used for the purpose of initiating electronic fund transfers (Corporation agrees and acknowledges that neither the Electronic Funds Transfer Act (15 U.S.C. 1693 et seq.) nor Regulation E (12 C.F.R. Part 205) are applicable to any such access device); to establish and maintain a night deposit relationship; to execute and deliver a wire transfer agreement and to request, or to appoint or delegate from time to time such persons who may request, wires of funds; to enter into any agreements with the Bank for the provision by Bank of various Treasury Management services to this Corporation as such officer or employee may determine, in his or her sole discretion, and to sign any and all documents and take all actions required by Bank relative to such Treasury Management services or the performance of the Corporation's obligations thereunder, and that any such Treasury Management agreement(s) shall remain in full force and effect until written notice to terminate given in accordance with the terms of any such agreement shall have been received by Bank and that such termination shall not affect any action taken by the Bank prior to such termination; to rent or lease a safe deposit box from Bank, to execute the rental agreement or lease, to enter the safe deposit box and to terminate the rental agreement or lease; to take whatever other actions or enter in to whatever other agreements relating to the accounts or investment of funds in such accounts with Bank and to execute, amend, supplement and deliver to Bank such agreements on behalf of the Corporation upon such terms and conditions as such officer or employee may deem appropriate and to appoint and delegate, from time to time, such person(s) who may be authorized to enter into such agreements and take any other actions pursuant to such agreements in connection with said accounts that the officer or employee deems necessary; and to waive presentment, demand, protest, and notice of protest or dishonor of any check, note, bill, draft, or other instrument made, drawn or endorsed by this Corporation; and

2. Further Resolved, that the Bank be and is hereby authorized to honor, receive, certify, pay or exchange for money orders or other instruments all instruments signed in accordance with the foregoing resolutions even though such payment may create an overdraft or even though such instruments may be drawn or endorsed to the order of any officer or employee signing the same or tendered by such officer or employee or a third party for exchange or cashing, or in payment of the individual obligation of such officer or employee, or for deposit to such officer's or employee's personal account and Bank shall not be required or be under any obligation to inquire as to the circumstances of the issuance or use of any instrument signed in accordance with the foregoing resolutions or the application or disposition of such instrument or the proceeds thereof; and, further, that the Bank is authorized to honor any instructions regarding withdrawals, orders for payment or transfer of funds whether oral, by telephone or electronic means if such withdrawal, orders or transfer are initiated by an above authorized officer or employee; and

3. Further Resolved, that the Bank be and is hereby requested, authorized and directed to honor and to treat as authorized, checks, drafts or other orders for the payment of money drawn or purportedly drawn in this Corporation's name, including those payable to the individual order of any person whose name appears thereon as signer thereof, when bearing or purporting to bear the facsimile signature of an officer or employee authorized in the foregoing resolutions and Bank shall be entitled to honor, to treat as authorized, and to charge this Corporation for such checks, drafts, or other orders regardless of by whom or by what means the actual or purported facsimile signature thereon may have been affixed thereto, if such signature resembles the facsimile specimen duly certified to or filed with the Bank by the Secretary or Assistant Secretary or other officer of this Corporation or if such facsimile signature resembles any facsimile signature previously affixed to any check, draft, or other order drawn in the Corporation's name, which check, draft, or other order was accepted and paid without timely objection by the Corporation, thereby ratifying the use of such facsimile signature; and the Corporation hereby indemnifies and holds the Bank harmless against any and all loss, cost, damage or expense suffered or incurred by the Bank arising out of or in any way related to the misuse or unlawful or unauthorized use by a person of such facsimile signature; and

NNV

00-14-9012M 02-2011





2012-Dec-18 09:00 AM Bank of America 702 352-0626

4/6

## Redacted Personal Information

4. Further Resolved, that endorsements for deposit may be evidenced by the name of the Corporation being written or stamped on the check or other instrument deposited, without designation of the party making the endorsement, and Bank is authorized to supply any endorsement on any instrument tendered for deposit or collection; and

5. Further Resolved, that the Secretary or Assistant Secretary of this Corporation shall certify to Bank names and signatures of persons authorized to act on behalf of this Corporation under the foregoing resolutions and shall from time to time hereafter, as changes in the identity of said officers and employees are made, immediately report, furnish and certify such changes to Bank and shall submit to Bank a new account signature card reflecting such change(s) in order to make such changes effective and Bank shall be fully protected in relying on such certifications and shall be indemnified and saved harmless from any claims, demands, expenses, losses, or damages resulting from, or growing out of, honoring the signature of any officer or employee so certified, or refusing to honor any signature not so certified; and

6. Further Resolved, the foregoing resolutions shall remain in full force and effect and the authority herein given to all of said persons shall remain irrevocable as far as Bank is concerned until three (3) business days after Bank is notified in writing of the revocation of such authority and that receipt of such notice shall not affect any action taken by said Bank prior thereto; and

7. Further Resolved, that all transactions by any officer or employee of this Corporation on its behalf and in its name with Bank prior to the delivery to Bank of a certified copy of the foregoing resolutions are, in all respects, hereby ratified, confirmed, approved and adopted; and

8. Further Resolved, that the Secretary or Assistant Secretary be and hereby is, authorized and directed to certify these resolutions to said Bank and that the provisions hereof are in conformity with the Charter or Articles of Incorporation and Bylaws of this Corporation and that the Secretary or Assistant Secretary be, and hereby is, authorized and directed to certify, from time to time hereafter, the names of the holders of the above authorized titles and their signatures on any signature card or other documentation required by said Bank.

In Witness Whereof, I have herunto subscribed my name and affixed the seal of this Corporation, this 14 day of Dec, 2012.

  
Secretary/Assistant Secretary

SA  
(Corporate Seal)

No Corp Seal



| Bank Information         |                     |
|--------------------------|---------------------|
| Date                     | 12/14/2012          |
| Banking Center Name      | TROPICANA / DECATUR |
| Associate's Name         | IMRAN IQBAL         |
| Associate's Phone Number | 702-352-0617        |

00-14-9012M 02-2011

Bank of America Legal Order Processing  
RE: Reference # D050916000625  
Court Case number:  
Court or Issuer: FEDERAL TRADE COMMISSION  
Court Case Name: EMP MEDIA

**AFFIDAVIT OF BANK OF AMERICA BANK OFFICER AND/OR CUSTODIAN OF RECORDS**

Before me, the undersigned authority, personally appeared,  
Lytiasha Jones  
Who, being duly sworn by me, deposes and says as follows:

1.) **Authority.** I, Lytiasha Jones, am a duly authorized bank officer and/or custodian of the records of Bank of America N.A. with authority to execute this affidavit and certify to the authenticity and accuracy of the records produced with this affidavit.

2.) **Records.** The records produced herewith by Bank of America, N.A. are original documents or are true copies of records of a regularly conducted banking activity that:

- a.) Were made at or near the time of the occurrence of the matters set forth by, or from information transmitted by, a person with knowledge of those matters;
- b.) Were made and kept in the course of regularly conducted banking activity by Bank of America, N.A. personnel or by persons acting under their control; and
- c.) Were made and kept by the regularly conducted activity of Bank of America N.A. as a regular practice, on or about the time of the act, condition, or event recorded.

**Additional Comments:** These records include:

- SIGNATURE CARD AND CORPORATE RESOLUTION, BANK STATEMENTS, DEPOSITS WITH OFFSETS, CANCELLED CHECKS, WIRE TRANSFERS FOR ACCOUNT ENDING IN 2477 IN THE NAME OF EMP MEDIA, INC FOR THE TIME FRAME OF JANUARY 2014 THRU APRIL 2016 (RECORDS PRODUCED ELECTRONICALLY-SEE CD)
- SIGNATURE CARD AND CORPORATE RESOLUTION, BANK STATEMENTS, DEPOSITS WITH OFFSETS FOR ACCOUNT ENDING IN 3162 IN THE NAME OF EMP MEDIA, INC FOR THE TIME FRAME OF JANUARY 2014 THRU APRIL 2016 (RECORDS PRODUCED ELECTRONICALLY-SEE CD)
- SIGNATURE CARD AND CORPORATE RESOLUTION, BANK STATEMENTS FOR ACCOUNT ENDING IN 8159 IN THE NAME OF HOT MEDIA LTD FOR THE TIME FRAME OF JANUARY 2014 THRU APRIL 2016 (RECORDS PRODUCED ELECTRONICALLY-SEE CD)
- BANK STATEMENTS, DEPOSITS WITH OFFSETS, WIRE TRANSFERS FOR ACCOUNT ENDING IN 4672 IN THE NAME OF EMP MEDIA, INC FOR THE TIME FRAME OF JULY 2014 THRU APRIL 2016 (RECORDS PRODUCED ELECTRONICALLY-SEE CD)
- CERTIFICATION OF BUSINESS, BANK STATEMENTS FOR ACCOUNT ENDING IN 4532 IN THE NAME OF EMP MEDIA INC FOR THE TIME FRAME OF AUGUST 2015 THRU APRIL 2016 (RECORD PRODUCED ELECTRONICALLY-SEE CD)
- SIGNATURE CARD AND CORPORATE RESOLUTION, BANK STATEMENTS, DEPOSIT WITH OFFSETS, WIRE TRANSFERS FOR ACCOUNT ENDING IN 6721 IN THE NAME OF WEB TRAFFICE NETWORKS, LLC FOR THE TIME FRAME OF JUNE 2014 THRU APRIL 2016 (RECORDS PRODUCED ELECTRONICALLY-SEE CD)
- SIGNATURE CARD AND CORPORATE RESOLUTION, BANK STATEMENTS, DEPOSITS WITH OFFSETS, CANCELLED CHECKS, WIRE TRANSFERS FOR ACCOUNT ENDING IN 2472 IN THE NAME OF DIRO MEDIA LLC FOR THE TIME FRAME OF JANUARY 2014 THRU APRIL 2016 (RECORDS PRODUCED ELECTRONICALLY-SEE CD)
- SIGNATURE CARD AND CORPORATE RESOLUTION, BANK STATEMENTS FOR ACCOUNT ENDING IN 3717 IN THE NAME OF ADT SEARCH MEDIA, INC FOR THE TIME FRAME OF JANUARY 2014 THRU APRIL 2016 (RECORDS PRODUCED ELECTRONICALLY-SEE CD)



3.) **Production**

X The records produced herewith (together with any banking records produced by Bank of America N.A. previously in response to the subject request, order, or subpoena) constitute a complete production of bank records responsive to the subject request order or subpoena (or a complete production under the terms of a subject request, order, subpoena as subsequently limited by the issuer).

OR

\_\_\_\_\_ A thorough search has been conducted and no records could be located that are responsive to the subject request, order, or subpoena.

4.) I declare under penalty of perjury that the foregoing is true and correct.

Date: 5/17/2016 Signature: [Signature]

The above named Bank of America N.A. bank officer and/or custodian of records is known to me (or satisfactorily proven) to be the person who subscribed the within document and acknowledged to me that he/she executed the same for the purposes stated there in.

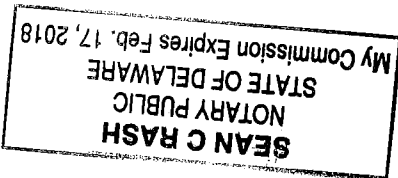
X Signer is personally known to me.

\_\_\_\_\_ Signer has produced the following identification: \_\_\_\_\_

Sworn to and subscribed before me this 17 day of May 2016. In witness thereof I have set my hand and official seal.

[Signature]

Signature of Notary Public in and for  
State of Delaware  
City/County of Newark/New Castle  
My Commission Expires \_\_\_\_\_





May 17, 2016

FEDERAL TRADE COMMISSION  
MEGAN COX  
600 PENNSYLVANIA AVE, MAIL STOP CC-8232  
WASHINGTON, DC 20580

Regarding reference number: D050916000625

Case name: EMP MEDIA

Case number:

Customer name: DIRO MEDIA LLC, WEB TRAFFIC NETWORKS LLC, EMP MEDIA, INC, HOT MEDIA LTD, ADT SEARCH MEDIA, INC

Enclosed are the documents requested in the subpoena/legal request issued in the above case.

### **What you need to know**

We consider your receipt of these records compliance with the above referenced subpoena/legal request and our file is now closed for this matter.

NOTE: THE BANK DOES NOT POSSESS ANY OF THE FOLLOWING:

\*CANCELLED CHECKS, WIRE TRANSFERS FOR ACCOUNT ENDING IN 3162 IN THE NAME OF EMP MEDIA, INC  
\*DEPOSITS WITH OFFSETS, CANCELLED CHECKS, WIRE TRANSFERS FOR ACCOUNT ENDING IN 8159 IN THE NAME OF HOT MEDIA LTD \*SIGNATURE CARD, CORPORATE RESOLUTION, CANCELLED CHECKS FOR ACCOUNT ENDING IN 4672 IN THE NAME OF EMP MEDIA, INC \*DEPOSITS WITH OFFSETS, CANCELLED CHECKS, WIRE TRANSFERS FOR ACCOUNT ENDING IN 4532 IN THE NAME OF EMP MEDIA, INC \*CANCELLED CHECKS FOR ACCOUNT ENDING IN 6721 IN THE NAME OF WEB TRAFFIC NETWORKS, LLC  
\*DEPOSITS WITH OFFSETS, CANCELLED CHECKS, WIRE TRANSFERS FOR ACCOUNT ENDING IN 3717 IN THE NAME OF ADT SEARCH MEDIA, INC.

### **What you need to do**

If you need to forward any additional correspondence to us regarding this case, please mail it to the following address:

Bank of America  
DE5-024-02-08  
P.O. Box 15047  
Wilmington, DE 19850



### **Questions?**

If you have any questions, please call us at 213-580-0702. We're available Monday through Friday 9 a.m. to 5 p.m. local time. When contacting us regarding this notice, please use the reference number listed above.

Legal Order Processing

**ATTACHMENT LL**



BankofAmerica-Eastla 8/4/2015 11:15:11 AM PAGE 28/033 888-294-5658

Redacted Personal Information

## Certificate of Business: Fictitious Firm Name

Please Select One:

☒ New Application☐ Renewal of existing fictitious firm name

Please Print or Type

The expiration date for such certificates shall be the last day of the sixtieth month from the date of filing.

The undersigned do/does hereby certify EMP MEDIA, INC.

(Name of individual, corporation, partnership or trust)

with a mailing address of 6130 W FLAMINGO RD #732 LAS VEGAS NV 89103

(Mailing Address for notification of renewal) (Street) (City) (State) (Zip)

is/are conducting business in Clark County, Nevada, under the fictitious name of

POST MY AD

(Fictitious Firm Name) or (Doing Business As)

and that said firm is composed of the following person(s) whose name(s) and address(es) are as follows:

By signing below I do solemnly swear (or affirm), under penalty of perjury, that all statements made in this document are true.

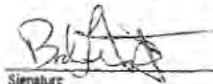
(1) BRAD LAMBERT, DIRECTOR

Full Name and title (Type or Print)

6130 W FLAMINGO RD #732

Street Address of Business or Residence

Mailing Address, if different from above



Signature

7-7-2015

Date

LAS VEGAS, NV

City, State, Zip

89103

City, State, Zip

(2)

Full Name and title (Type or Print)

Street Address of Business or Residence

Mailing Address, if different from above

Signature

Date

City, State, Zip

City, State, Zip

(3)

Full Name and title (Type or Print)

Street Address of Business or Residence

Mailing Address, if different from above

Signature

Date

City, State, Zip

City, State, Zip

(4)

Full Name and title (Type or Print)

Street Address of Business or Residence

Mailing Address, if different from above

Signature

Date

City, State, Zip

City, State, Zip

Mail to: Lynn Marie Goya, County Clerk, Attn: FFN, P.O. Box 551604, Las Vegas NV 89155-1604

Include: Filing Fee of \$20.00, original certificate plus 2 photocopies of the signed certificate and a self-addressed stamped envelope

Lynn Marie Goya, County Clerk  
07/07/2015 03:24:24 PM

2015070710010256-0

FILED

JUL 07 2015

Lynn Marie Goya  
CLERKRECEIVED  
JUL 07 2015  
COUNTY CLERK

Bank of America Legal Order Processing  
RE: Reference # D050916000625  
Court Case number:  
Court or Issuer: FEDERAL TRADE COMMISSION  
Court Case Name: EMP MEDIA

**AFFIDAVIT OF BANK OF AMERICA BANK OFFICER AND/OR CUSTODIAN OF RECORDS**

Before me, the undersigned authority, personally appeared,  
Lytiasha Jones  
Who, being duly sworn by me, deposes and says as follows:

1.) **Authority.** I, Lytiasha Jones, am a duly authorized bank officer and/or custodian of the records of Bank of America N.A. with authority to execute this affidavit and certify to the authenticity and accuracy of the records produced with this affidavit.

2.) **Records.** The records produced herewith by Bank of America, N.A. are original documents or are true copies of records of a regularly conducted banking activity that:

- a.) Were made at or near the time of the occurrence of the matters set forth by, or from information transmitted by, a person with knowledge of those matters;
- b.) Were made and kept in the course of regularly conducted banking activity by Bank of America, N.A. personnel or by persons acting under their control; and
- c.) Were made and kept by the regularly conducted activity of Bank of America N.A. as a regular practice, on or about the time of the act, condition, or event recorded.

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- SIGNATURE CARD AND CORPORATE RESOLUTION, BANK STATEMENTS FOR ACCOUNT ENDING IN 8159 IN THE NAME OF HOT MEDIA LTD FOR THE TIME FRAME OF JANUARY 2014 THRU APRIL 2016 (RECORDS PRODUCED ELECTRONICALLY-SEE CD)
- BANK STATEMENTS, DEPOSITS WITH OFFSETS, WIRE TRANSFERS FOR ACCOUNT ENDING IN 4672 IN THE NAME OF EMP MEDIA, INC FOR THE TIME FRAME OF JULY 2014 THRU APRIL 2016 (RECORDS PRODUCED ELECTRONICALLY-SEE CD)
- CERTIFICATION OF BUSINESS, BANK STATEMENTS FOR ACCOUNT ENDING IN 4532 IN THE NAME OF EMP MEDIA INC FOR THE TIME FRAME OF AUGUST 2015 THRU APRIL 2016 (RECORD PRODUCED ELECTRONICALLY-SEE CD)
- SIGNATURE CARD AND CORPORATE RESOLUTION, BANK STATEMENTS, DEPOSIT WITH OFFSETS, WIRE TRANSFERS FOR ACCOUNT ENDING IN 6721 IN THE NAME OF WEB TRAFFICE NETWORKS, LLC FOR THE TIME FRAME OF JUNE 2014 THRU APRIL 2016 (RECORDS PRODUCED ELECTRONICALLY-SEE CD)
- SIGNATURE CARD AND CORPORATE RESOLUTION, BANK STATEMENTS, DEPOSITS WITH OFFSETS, CANCELLED CHECKS, WIRE TRANSFERS FOR ACCOUNT ENDING IN 2472 IN THE NAME OF DIRO MEDIA LLC FOR THE TIME FRAME OF JANUARY 2014 THRU APRIL 2016 (RECORDS PRODUCED ELECTRONICALLY-SEE CD)
- SIGNATURE CARD AND CORPORATE RESOLUTION, BANK STATEMENTS FOR ACCOUNT ENDING IN 3717 IN THE NAME OF ADT SEARCH MEDIA, INC FOR THE TIME FRAME OF JANUARY 2014 THRU APRIL 2016 (RECORDS PRODUCED ELECTRONICALLY-SEE CD)



3.) **Production**

X The records produced herewith (together with any banking records produced by Bank of America N.A. previously in response to the subject request, order, or subpoena) constitute a complete production of bank records responsive to the subject request order or subpoena (or a complete production under the terms of a subject request, order, subpoena as subsequently limited by the issuer).

OR

\_\_\_\_\_ A thorough search has been conducted and no records could be located that are responsive to the subject request, order, or subpoena.

4.) I declare under penalty of perjury that the foregoing is true and correct.

Date: 5/17/2016 Signature: [Signature]

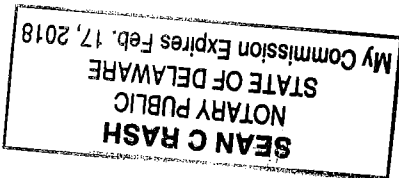
The above named Bank of America N.A. bank officer and/or custodian of records is known to me (or satisfactorily proven) to be the person who subscribed the within document and acknowledged to me that he/she executed the same for the purposes stated there in.

X Signer is personally known to me.

\_\_\_\_\_ Signer has produced the following identification: \_\_\_\_\_

Sworn to and subscribed before me this 17 day of May 2016. In witness thereof I have set my hand and official seal.

[Signature]  
Signature of Notary Public in and for  
State of Delaware  
City/County of Newark/New Castle  
My Commission Expires \_\_\_\_\_





May 17, 2016

FEDERAL TRADE COMMISSION  
MEGAN COX  
600 PENNSYLVANIA AVE, MAIL STOP CC-8232  
WASHINGTON, DC 20580

Regarding reference number: D050916000625

Case name: EMP MEDIA

Case number:

Customer name: DIRO MEDIA LLC, WEB TRAFFIC NETWORKS LLC, EMP MEDIA, INC, HOT MEDIA LTD, ADT SEARCH MEDIA, INC

Enclosed are the documents requested in the subpoena/legal request issued in the above case.

### **What you need to know**

We consider your receipt of these records compliance with the above referenced subpoena/legal request and our file is now closed for this matter.

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\*DEPOSITS WITH OFFSETS, CANCELLED CHECKS, WIRE TRANSFERS FOR ACCOUNT ENDING IN 3717 IN THE NAME OF ADT SEARCH MEDIA, INC.

### **What you need to do**

If you need to forward any additional correspondence to us regarding this case, please mail it to the following address:

Bank of America  
DE5-024-02-08  
P.O. Box 15047  
Wilmington, DE 19850



### **Questions?**

If you have any questions, please call us at 213-580-0702. We're available Monday through Friday 9 a.m. to 5 p.m. local time. When contacting us regarding this notice, please use the reference number listed above.

Legal Order Processing

**ATTACHMENT MM**





P.O. Box 15884  
Wilmington, DE 19850

EMP MEDIA, INC  
DBA T & A MEDIA  
6130 W FLAMINGO RD # 732  
LAS VEGAS, NV 89103-2280

#### Customer service information

☎ 1.888.BUSINESS (1.888.287.4637)

🌐 bankofamerica.com

🏦 Bank of America, N.A.  
P.O. Box 25118  
Tampa, FL 33622-5118

## Your Business Advantage Checking

for March 1, 2016 to March 31, 2016

EMP MEDIA, INC DBA T & A MEDIA

Account number: Redacted Personal Info.

### Account summary

|                                    |         |   |
|------------------------------------|---------|---|
| Beginning balance on March 1, 2016 | \$33.88 | # of deposits/credits: 2  |
| Deposits and other credits         | 130.00  | # of withdrawals/debits: 5  |
| Withdrawals and other debits       | -98.93  | # of items-previous cycle <sup>1</sup> : 0                        |
| Checks                             | -0.00   | # of days in cycle: 31  |
| Service fees                       | -64.95  | Average ledger balance: \$18.26                                   |
| Ending balance on March 31, 2016   | \$0.00  | <sup>1</sup> Includes checks paid, deposited items & other debits |

## Simplify payroll so you can easily run it yourself

Run payroll, view balances, file taxes and more with Payroll Services by Intuit®. It's easy to learn and easy to use with Small Business Online Banking.

Call 866.700.2142 or visit [bankofamerica.com/payroll](http://bankofamerica.com/payroll) today.

**intuit** Payroll

Monthly and other fees may apply. See product and pricing details at [bankofamerica.com/payroll](http://bankofamerica.com/payroll). Intuit and the Intuit logo are registered trademarks of Intuit, Inc. (used under license, Bank of America and the Bank of America logo are registered trademarks of the Bank of America Corporation, Bank of America, N.A. Member FDIC. ©2015 Bank of America Corporation. ARCRGH53 | SSM-08-15-0433 B

## IMPORTANT INFORMATION: BANK DEPOSIT ACCOUNTS

**Updating your contact information** - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking. Or, you can call our Customer Service team.

**Deposit agreement** - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

**Electronic transfers**: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.


For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

**Reporting other problems** - You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or an unauthorized transaction within the time period specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you for, and you agree to not make a claim against us for the problems or unauthorized transactions.

**Direct deposits** - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

© 2016 Bank of America Corporation

Bank of America, N.A. Member FDIC and  Equal Housing Lender





## Your checking account

EMP MEDIA, INC | Account # [Redacted] | March 1, 2016 to March 31, 2016

## Deposits and other credits

| Date                             | Description  | Amount   |
|----------------------------------|--|----------|
| 03/02/16                         | Online Banking transfer from CHK 2477 Confirmation# 3991940625 | 30.00    |
| 03/04/16                         | Online Banking transfer from CHK 2477 Confirmation# 3910770568 | 100.00   |
| Total deposits and other credits |  | \$130.00 |

## Withdrawals and other debits

| Date                               | Description   | Amount   |
|------------------------------------|---|----------|
| 03/02/16                           | ePN DES:Fees ID:0912650 INDN:TNA Media CO ID:9010794001 CCD                 | -20.00   |
| 03/03/16                           | AUTHNET GATEWAY DES:BILLING ID:47980469 INDN:TNA MEDIA CO ID:1870568569 CCD | -20.00   |
| 03/14/16                           | Online Banking transfer to CHK 2477 Confirmation# 0598425978                | -58.93   |
| Total withdrawals and other debits |   | -\$98.93 |

## Service fees

Your Overdraft and NSF: Returned Item fees for this statement period and year to date are shown below.

|                               | Total for this period | Total year-to-date |
|-------------------------------|-----------------------|--------------------|
| Total Overdraft fees          | \$35.00               | \$35.00            |
| Total NSF: Returned Item fees | \$0.00                | \$0.00             |

continued on the next page

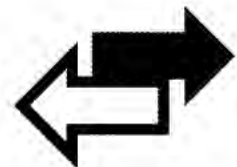
Small Business  
Online Banking

TIP OF THE MONTH

## Transferring funds is a snap

Now you can send **transfers** from business accounts to a Bank of America® personal account, including your own.

Later this year, you'll be able to send transfers from your business accounts to any other Bank of America business account and from your personal account to any Bank of America business account.

Click on the **Transfers** tab when logged in at [bankofamerica.com/smallbusiness](http://bankofamerica.com/smallbusiness)

ARYBND-IV | SSM-02-15-0019.B

## Service fees - continued

| Date               | Transaction description                  | Amount  |
|--------------------|--|---------|
| 03/01/16           | Monthly Fee for Business Advantage       | -29.95  |
| 03/03/16           | OVERDRAFT ITEM FEE FOR ACTIVITY OF 03-03 | -35.00  |
| Total service fees |  | -564.95 |

Note your Ending Balance already reflects the subtraction of Service Fees.

## Daily ledger balances

| Date  | Balance (\$) | Date  | Balance(\$) | Date  | Balance (\$) |
|-------|--------------|-------|-------------|-------|--------------|
| 03/01 | 3.93         | 03/03 | -41.07      | 03/14 | 0.00         |
| 03/02 | 13.93        | 03/04 | 58.93       |       |              |

- ✓ To help you BALANCE YOUR CHECKING ACCOUNT, visit [bankofamerica.com/statementbalance](http://bankofamerica.com/statementbalance) or the Statements and Documents tab in Online Banking for a printable version of the How to Balance Your Account Worksheet.



Bank of America Legal Order Processing  
RE: Reference # D050916000625  
Court Case number:  
Court or Issuer: FEDERAL TRADE COMMISSION  
Court Case Name: EMP MEDIA

**AFFIDAVIT OF BANK OF AMERICA BANK OFFICER AND/OR CUSTODIAN OF RECORDS**

Before me, the undersigned authority, personally appeared,  
Lytiasha Jones  
Who, being duly sworn by me, deposes and says as follows:

1.) **Authority.** I, Lytiasha Jones, am a duly authorized bank officer and/or custodian of the records of Bank of America N.A. with authority to execute this affidavit and certify to the authenticity and accuracy of the records produced with this affidavit.

2.) **Records.** The records produced herewith by Bank of America, N.A. are original documents or are true copies of records of a regularly conducted banking activity that:

- a.) Were made at or near the time of the occurrence of the matters set forth by, or from information transmitted by, a person with knowledge of those matters;
- b.) Were made and kept in the course of regularly conducted banking activity by Bank of America, N.A. personnel or by persons acting under their control; and
- c.) Were made and kept by the regularly conducted activity of Bank of America N.A. as a regular practice, on or about the time of the act, condition, or event recorded.

**Additional Comments:** These records include:

- SIGNATURE CARD AND CORPORATE RESOLUTION, BANK STATEMENTS, DEPOSITS WITH OFFSETS, CANCELLED CHECKS, WIRE TRANSFERS FOR ACCOUNT ENDING IN 2477 IN THE NAME OF EMP MEDIA, INC FOR THE TIME FRAME OF JANUARY 2014 THRU APRIL 2016 (RECORDS PRODUCED ELECTRONICALLY-SEE CD)
- SIGNATURE CARD AND CORPORATE RESOLUTION, BANK STATEMENTS, DEPOSITS WITH OFFSETS FOR ACCOUNT ENDING IN 3162 IN THE NAME OF EMP MEDIA, INC FOR THE TIME FRAME OF JANUARY 2014 THRU APRIL 2016 (RECORDS PRODUCED ELECTRONICALLY-SEE CD)
- SIGNATURE CARD AND CORPORATE RESOLUTION, BANK STATEMENTS FOR ACCOUNT ENDING IN 8159 IN THE NAME OF HOT MEDIA LTD FOR THE TIME FRAME OF JANUARY 2014 THRU APRIL 2016 (RECORDS PRODUCED ELECTRONICALLY-SEE CD)
- BANK STATEMENTS, DEPOSITS WITH OFFSETS, WIRE TRANSFERS FOR ACCOUNT ENDING IN 4672 IN THE NAME OF EMP MEDIA, INC FOR THE TIME FRAME OF JULY 2014 THRU APRIL 2016 (RECORDS PRODUCED ELECTRONICALLY-SEE CD)
- CERTIFICATION OF BUSINESS, BANK STATEMENTS FOR ACCOUNT ENDING IN 4532 IN THE NAME OF EMP MEDIA INC FOR THE TIME FRAME OF AUGUST 2015 THRU APRIL 2016 (RECORD PRODUCED ELECTRONICALLY-SEE CD)
- SIGNATURE CARD AND CORPORATE RESOLUTION, BANK STATEMENTS, DEPOSIT WITH OFFSETS, WIRE TRANSFERS FOR ACCOUNT ENDING IN 6721 IN THE NAME OF WEB TRAFFICE NETWORKS, LLC FOR THE TIME FRAME OF JUNE 2014 THRU APRIL 2016 (RECORDS PRODUCED ELECTRONICALLY-SEE CD)
- SIGNATURE CARD AND CORPORATE RESOLUTION, BANK STATEMENTS, DEPOSITS WITH OFFSETS, CANCELLED CHECKS, WIRE TRANSFERS FOR ACCOUNT ENDING IN 2472 IN THE NAME OF DIRO MEDIA LLC FOR THE TIME FRAME OF JANUARY 2014 THRU APRIL 2016 (RECORDS PRODUCED ELECTRONICALLY-SEE CD)
- SIGNATURE CARD AND CORPORATE RESOLUTION, BANK STATEMENTS FOR ACCOUNT ENDING IN 3717 IN THE NAME OF ADT SEARCH MEDIA, INC FOR THE TIME FRAME OF JANUARY 2014 THRU APRIL 2016 (RECORDS PRODUCED ELECTRONICALLY-SEE CD)

3.) **Production**

X The records produced herewith (together with any banking records produced by Bank of America N.A. previously in response to the subject request, order, or subpoena) constitute a complete production of bank records responsive to the subject request order or subpoena (or a complete production under the terms of a subject request, order, subpoena as subsequently limited by the issuer).

OR

\_\_\_\_\_ A thorough search has been conducted and no records could be located that are responsive to the subject request, order, or subpoena.

4.) I declare under penalty of perjury that the foregoing is true and correct.

Date: 5/17/2016 Signature: [Handwritten Signature]

The above named Bank of America N.A. bank officer and/or custodian of records is known to me (or satisfactorily proven) to be the person who subscribed the within document and acknowledged to me that he/she executed the same for the purposes stated there in.

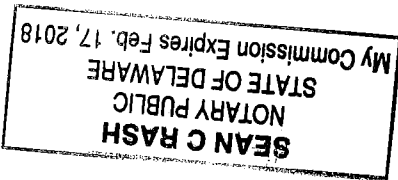
X Signer is personally known to me.

\_\_\_\_\_ Signer has produced the following identification: \_\_\_\_\_

Sworn to and subscribed before me this 17 day of May 2016. In witness thereof I have set my hand and official seal.

[Handwritten Signature: Sean C. Rash]

Signature of Notary Public in and for  
State of Delaware  
City/County of Newark/New Castle  
My Commission Expires \_\_\_\_\_





May 17, 2016

FEDERAL TRADE COMMISSION  
MEGAN COX  
600 PENNSYLVANIA AVE, MAIL STOP CC-8232  
WASHINGTON, DC 20580

Regarding reference number: D050916000625

Case name: EMP MEDIA

Case number:

Customer name: DIRO MEDIA LLC, WEB TRAFFIC NETWORKS LLC, EMP MEDIA, INC, HOT MEDIA LTD, ADT SEARCH MEDIA, INC

Enclosed are the documents requested in the subpoena/legal request issued in the above case.

### **What you need to know**

We consider your receipt of these records compliance with the above referenced subpoena/legal request and our file is now closed for this matter.

NOTE: THE BANK DOES NOT POSSESS ANY OF THE FOLLOWING:

\*CANCELLED CHECKS, WIRE TRANSFERS FOR ACCOUNT ENDING IN 3162 IN THE NAME OF EMP MEDIA, INC  
\*DEPOSITS WITH OFFSETS, CANCELLED CHECKS, WIRE TRANSFERS FOR ACCOUNT ENDING IN 8159 IN THE NAME OF HOT MEDIA LTD \*SIGNATURE CARD, CORPORATE RESOLUTION, CANCELLED CHECKS FOR ACCOUNT ENDING IN 4672 IN THE NAME OF EMP MEDIA, INC \*DEPOSITS WITH OFFSETS, CANCELLED CHECKS, WIRE TRANSFERS FOR ACCOUNT ENDING IN 4532 IN THE NAME OF EMP MEDIA, INC \*CANCELLED CHECKS FOR ACCOUNT ENDING IN 6721 IN THE NAME OF WEB TRAFFIC NETWORKS, LLC  
\*DEPOSITS WITH OFFSETS, CANCELLED CHECKS, WIRE TRANSFERS FOR ACCOUNT ENDING IN 3717 IN THE NAME OF ADT SEARCH MEDIA, INC.

### **What you need to do**

If you need to forward any additional correspondence to us regarding this case, please mail it to the following address:

Bank of America  
DE5-024-02-08  
P.O. Box 15047  
Wilmington, DE 19850



### **Questions?**

If you have any questions, please call us at 213-580-0702. We're available Monday through Friday 9 a.m. to 5 p.m. local time. When contacting us regarding this notice, please use the reference number listed above.

Legal Order Processing